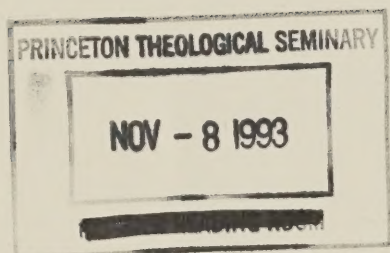


STRONG AT THE BROKEN PLACES

**Persons with
Disabilities and
the Church**

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STEWART D. GOVIG

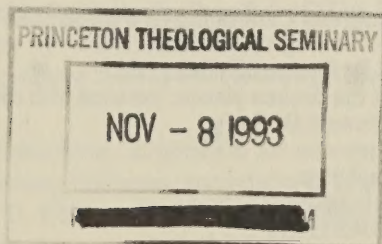


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Strong at the Broken Places

*Persons with Disabilities
and the Church*

Stewart D. Govig



WJKP
Westminster/John Knox Press
LOUISVILLE

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Appreciation

This book has emerged in part from the contributions of a number of individuals I can no longer identify. I regret not being able to credit the insights they shared in "handicap" committees, workshop activities, and in private conversations. Articles and letters to the editor in daily papers and newsweekly journals have also had an influence. I anticipate more informal learning when readers question what I have included in these pages and lead me on to things I neglected to think about.

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Foreword

If the 450 million persons described by the World Health Organization as "disabled" were to live in a single country, it would constitute the third largest country in the world. If, in addition, it would be possible to gather all who are disadvantaged because of addictions and social or mental impairments, this group would constitute the world's largest country.

The above group is not concentrated, rather they are dispersed throughout the population of the entire world, and yet they inhabit a "foreign land" to most of us. We don't understand the citizens of this foreign land, we avoid visiting, and we don't want to establish diplomatic relationships.

Dr. Stewart Govig tours this country of the disadvantaged, the disabled, and the different, and he guides us to the knowledge of an "unavoidable communal relationship" that becomes the basis for constructive Christian action. As Dr. Govig points out, "brokenness" is not the last word. The language of the New Testament is one of belonging, of life together. For the fellowship of believers, redemption, sharing, and good news provide hope for "this treasure in earthen vessels."

Rosalynn Carter

Contents

The world breaks all of us
then some become strong at the broken places

Ernest Hemingway
A Farewell to Arms

To
Olaf and Ruth Govig
parents and helpers

Contents

INTRODUCTION	1
PART ONE: BROKENNESS	5
1. CRIPPLED	6
Beginnings	7
What's in a Word?	9
Stairs and Stares	11
Breakthroughs	13
2. MARKED	18
Who Is to Blame?	19
Children of a Lesser God?	23
To Label Is to Libel	25
Belonging to Our Scars	28
3. PITIED	33
The Making of a "Leper"	33
Handicap Horrors	39
Leprosy Within	40
Pity Inside Out	45
4. AVOIDED	50
Things Fall Apart	51
Madness and the Bible	52
Ceremonies of Innocence	57
Life on Fast Forward	61
PART TWO: TRANSFORMING BROKENNESS	69
5. FELLOWSHIP	70
Happenings	71
Common Cause	75
Taking Part	78

6. ENCOURAGEMENT	84
Helper	85
Teacher	88
Patron	92
7. MINISTRY	97
The Servant of Galilee	98
The Gospels of Council and Congress	102
Attitude and Action	105
8. PROMISE	109
A Bible Mosaic	109
Pain in Its Place	111
The Power of Weakness	113
The Redemption of Our Bodies	116
APPENDIX 1	120
APPENDIX 2	122
APPENDIX 3	124
NOTES	126
BIBLIOGRAPHY AND RESOURCES	134
SCRIPTURE INDEX	138
SUBJECT INDEX	141

Introduction

In 1980 the Life and Mission in the Congregation Division of the American Lutheran Church invited me to serve on a committee formed to spotlight congregational opportunities to participate in the upcoming United Nations "Year of the Disabled." We were to spell out a "theology of access," and I was asked to write a theological statement. When, with document in hand, I first met with the group, I found a panel of experts. It was chaired by Joyce, a woman with polio legs, and each member had a living connection with the task at hand: David, a blind seminarian; Karen, a quadriplegic coed with her attendant, Helen, a woman who in mid-life woke up one morning to total deafness; Edna, author and teacher of developmentally disabled children; John, the father of a child with spina bifida; and others.

An uneasy silence followed my reading of "The Church and Persons with Handicaps: Unmasking a Hidden Curriculum of the Christian Community." Phil, seated at my side in a wheelchair, spoke first. "Don't call me weak," he protested. And Luther, a pastor who had only recently learned he had multiple sclerosis, leaned back and asked, "What are you so angry about?" Reaching for her crutches, Joyce announced the first break. I knew then that my education had just begun.

On sabbatical leave during the "Year of the Disabled" (1981-1982), I assisted in the pastoralia department of Makumira Theological College in Tanzania. My wife, Alice, and I visited a number of churches on the plains below Mount Kilimanjaro. Most of the time we joined others in walking to worship. The glad welcomes, the choirs of jubilation, and the faces of hundreds—some

leaning inside through the windows—are unforgettable. But mostly, I remember the people with disabilities: one woman had literally crawled to church. She and others—"the maimed, the lame, the blind"—were nothing special (Luke 14:13). They belonged. Songs of praise, prayers, and testimonies of healing were the order of the day. Eventually, I wrote of what I learned there in "Disabled Persons in the Congregation: Toward a Theology of Encouragement" in the *Africa Theological Journal*.

Back home again, my curiosity grew and my education continued. I realized that a major issue is the persistent attitude barrier faced by most who live with a disabling condition. People tend to back away from them. Infinite degrees of limitation are involved with the loss of mobility or one of the senses. Yet the power of these limitations is not so much the consequence of the physical condition; it stems rather from the indifference and rejection by one's neighbors. Exploring these attitude barriers may not eliminate them, but it can demystify and enable us all to transcend them.

As we drive on the freeways, the radio warns of a "disabled vehicle ahead," spotted by a traffic helicopter. We are relieved it has not happened to us: disabled . . . stranded . . . useless. Out of the flow. Something to be removed. The very word *disabled* breaks down the image of both man and machine. As a first step, then, should I abandon it in favor of something positive and constructive? Or perhaps alter the term itself? Instead of the words *disabled*, *handicapped*, *crippled*, *paralyzed*, *retarded*, and *impaired*, perhaps I should use *disAbled*, *(dis)abled*, *dis/abled*, *dis(en)abled*, *physically challenged*, or *differently abled*. But such terms leave me uneasy. Ignoring social reality is a hollow answer to social rejection. To assault prejudice, I prefer another strategy: let people who know tell what it is like. The chapters that follow are filled with stories from those living in handicapping conditions of life. Some are composites of typical experiences of disabled people; most are from personal experience. In them, I attempt to balance despair, on the one hand, and "overcoming" narrations, on the other. There are, after all, actual limitations in the lives of human beings which are not going to disappear. Easter involves Good Friday. To state this is not to scorn rehabilitation or to vote for fatalism. Rather, it

provides a foundation for reflection and possible revision of ideas about health and well-being, "the handicapped," and creation itself.

Most of the time, having a handicap is no big deal. People with disabilities manage and would rather not talk about it, preferring to meet others with their abilities. For me, after polio at the age of three paralyzed one arm, the years disclosed means to compensate. In the public eye, at least, my paralyzed arm is trivial; proven disability involves a wheelchair or a seeing-eye dog. Still, living with any physical limitation is never easy. No matter how well the disabled person accepts it, dealing with the reactions of others is sometimes difficult. Nicknames like "Tiny" for a six-foot-tall woman are not meant to be hurtful, perhaps, but they call attention to "irregularities." I was a "one-armed bandit" in high school, and hearing it would remind me that I had an unusual mark. One adjusts with a shrug to such tactless chatter. But for other handicapped people, such as my son who is "gravely disabled" with mental illness, it is another story. Injustice and stigma sap the soul. And what it was like for my mother during the years she used a wheelchair is difficult to imagine. Since the range of human disability is so broad and its outcomes so diverse, I realize no single encounter qualifies me to speak on behalf of everyone else. Besides, those of us involved with handicaps can always learn from a different field of impairment. It is even difficult to draw absolute distinctions between the "handicapped" and the "healthy." Every human being is vulnerable and, sooner or later, will need help during the course of life. And likely each of us will become an expert of sorts as far as the attitude barrier goes. I concentrate upon those for whom the "miracle" (cure) never comes, the ones who live with conditions of long-term disability. And while I applaud the public accomplishments of violin virtuoso Itzhak Perlman, who has paralyzed legs from polio, and Oscar winner Marlee Matlin, who has a hearing impairment, I want readers to meet many others in the shadows, the ones society tries to hide, disguise, or keep on the margins. This book is about those who make "healthy" people uncomfortable, and about those who love them.

Recall Winston Churchill's first statement as prime minister in Britain's crisis days of May, 1940: "I have nothing to offer but

blood, toil, tears, and sweat." Not uttered to initiate surrender or in morbid preoccupation with despair, his oratory was a broadcast of truth designed to establish resolve and courage. Part One, "Brokenness," is offered in the same spirit. This part of the book also attempts to address a second issue that became clear as my education in the true meaning of disabilities continued. Books about handicaps are generally autobiographical, resource oriented, or organized for pastoral care. Scripture texts are not often researched in depth or with both Testaments in view. The appeal for more Bible study was voiced at every "handicapped" meeting I attended. People long to know what the Bible *as a whole* has to say. For instance, are deeper lessons about impairment and loss built around the well-known infirmities of Moses and Paul? I use examples from literature and the social sciences to probe for alternative ways to interpret familiar biblical passages. Furthermore, although other books avoid my nomination for the most disabling chronic condition—mental illness—Part One includes a chapter exploring the frightening disability that many would rather not even think about.

Part Two, "Transforming Brokenness," celebrates strength and confidence. During our African sojourn Alice and I caught a glimpse of a pre-technological society and of Christian life in a Third World church. Our debt to the Africans we met and to our host, the Evangelical Lutheran Church of Tanzania, is evident throughout these pages. Churches of the West need to catch up! Two opportunities beckon: evangelism and stewardship. The majority of those with disabilities are not attending church or even in contact; it is a field "white unto harvest" (John 4:35). Moreover, the ones who are on the rolls represent an overlooked and emotionally rejected group whose gifts are seldom respected.

Ripples of change introduced by virus, gene, and accident produce myriad effects. Each person with a "thorn in the flesh" grapples with it in a special world. Each one sings a given melody. Yet every distinctive ballad enriches the chorus of countless other voices swelling songs of freedom, dignity, and hope.

Part One

Brokenness

Crippled

His confidence breaks in sunder,
and his trust is a spider's web.

Job 8:14

Handicapped. Crippled. Impaired. Jesus knew all about it. The Gospels are filled with people who had disabilities. "And behold, there was a man with a withered hand . . ." (Matt. 12:10). "And they came, bringing to him a paralytic carried by four men" (Mark 2:3). "And there was a woman who had had a spirit of infirmity for eighteen years; she was bent over and could not straighten herself. And when Jesus saw her, he called her . . ." (Luke 13:11-12).

The lame, the infirm, and the blind are still here, but in a modern, post-industrial society they are more effectively kept at a distance than in Jesus' day. White canes, wheelchairs, hearing aids, or crutches put many people on guard. They make these people feel uneasy or fearful, or perhaps guilty at their good luck at being born healthy and "normal." And this becomes the toughest barrier of all. Jesus called out to reach the bent-over woman, but how many would reach out to her today? It takes courage to look beyond the wheelchair or cane and to see the person behind it.

Yet there are signs that things are changing for the better. *Cripple* is no longer a popular word. It comes from the verb "to creep" and appears in gloomy biblical contexts. For the prophet Ezekiel, the term suggests the disorder in God's creation (34:4, 16). In one of David's laments, cripples are numbered among his tormentors (Ps. 35:15). Powerless and dependent, to be crippled was to be suspect. Today, the term is usually avoided; it still has

connotations of someone slightly repulsive or deficient, limping around like the hunchback of Notre Dame. At a news conference in 1984, a federal official announced the inclusion of "a black, a Jew, and a cripple" in a panel of experts. Widespread outrage and a national protest resulted in his resignation. Offensive as racial and ethnic slurs are, the offhand use of *cripple* apparently was perceived as a new low, one which touched a hidden nerve. It was a signal: a new freedom movement was on its way.

Beginnings

In one sense the progress is as effective as the dramatic actions of women's and civil rights programs in America's past. On the legal front, Congress passed civil rights legislation for citizens with disabilities in 1973. In the medical sphere, promising research and rehabilitation therapies continue to advance. In education, "mainstreaming" (the promotion of equal opportunity for children with handicaps or disabilities) is the rule in most public school systems. Progress is uneven, but significant accomplishments are unfolding.

Yet in another sense the momentum is going nowhere, because the social acceptance of Americans with disabilities lags and even stalls. Since 1980 various churches of the Western world have made official statements to affirm the solidarity of persons with and without disabilities in the church. But much remains to be done to build upon these admirable national and international efforts. For instance, in the shadows of almost any neighborhood congregation, many persons with disabilities await an invitation or acceptance as "regular" members.

The same holds true for society at large. Where (and even if) persons with impairments live, work, and go to school is determined by the "normal." Homeowners fear decline of property values if a shelter or group home for deinstitutionalized persons from a mental hospital is proposed for their neighborhood, and they question the safety of their families in heated public debate. When people feel that their property and their families are threatened, the constitutional equal protection guarantee is easily forgotten. Justice is elusive, but things are turning around. Schools, museums, bars, and libraries are becoming more accessible, for instance.

The National Organization on Disability (NOD) has posed a challenge—"Isn't it time you got involved?"—for the 1983–1992 International Decade of Disabled Persons. The challenge is made to all Americans, but it is especially apt for people in the church. They could lead the way in achieving many of NOD's aims, which are to:

- expand educational opportunity
- improve access to housing, buildings, and transportation
- expand employment opportunity
- expand participation in recreational, social, religious and cultural activities
- apply biomedical research purposefully aimed at conquering major disabling conditions
- increase application of technology to minimize the effects of disability
- expand the international exchange of information and experience to benefit all disabled persons

Although the United States is considered foremost among nations in recognizing persons with disabilities and affirming their abilities, as in education, much remains to be done, and the future will bring even more challenges. Accidents, substance abuse, and increasing life span are expected to create an even larger disabled population, despite advances in health care and prevention efforts. Progress could even be reversed.

Today, the NOD reports thirty-five million Americans with physical or mental disabilities:

Approximately half are disease related; another third suffer from genetic malformations, developmental disabilities and injury-related conditions. Millions are impaired by emotional and mental disorders. Approximately three percent of all newborn American infants risk being disabled by genetic malformation or birth trauma. About six percent of youths suffer from disability, while about 14 percent of all persons over 65 are disabled, and this percentage is increasing.¹

According to the World Health Organization, at least ten percent (450 million people) of the world's population is made up of those who are disabled.² Through disease or accident, anyone may join

the largest minority group in the world at a given moment. Yet many people don't give a second thought to those with handicaps until they experience disability themselves. "I became a quadriplegic," one man remarked, "even before I knew how to spell the word."

What's in a Word?

Quadriplegic is a scientific term for the loss of function in both arms and legs, a medical fact. But if one refers to a person living with such a condition of paralysis as an *invalid*, attention expands to the social arena, where in this case most ordinary neighborly contacts are limited. Even more, the word *invalid* (in-valid) suggests a lowering of the dignity of the person involved. He or she is somehow less: not whole, of little "use" to others, a victim, passive, a burden, and someone to be pitied.

They make us confused and uneasy, the words society has coined for people who, for one reason or another, are unlike the rest of us. While many biblical terms such as *paralytic* and *spirit of infirmity* (Mark 2:3; Luke 13:11) have faded away in the glow of the accomplishments of modern medicine, rehabilitation, and technology, the up-to-date terms (*language impaired* instead of *dumb*) can still make us wince. This is because we hesitate to see the "physically challenged" apart from their impairments, as whole persons. Thinking first about the special help he or she needs, we then proceed to look down upon the recipient of our aid. Without intending to, caregivers may condescend and patronize. To pronounce someone lame (note the political expression *lame duck*) or disabled is to placard a limiting condition as the definition of the individual involved.

Yet other words like *handicopeable* and *handicapable* can whitewash reality. These can be pretty quilts spread on truths we would rather avoid, words used to upgrade "victims" toward respectability by pretending nothing significant is wrong. One is "special" or "mentally challenged," to be sure, but a situation of limits (by comparison to able-bodied people) still persists as a mysterious given.

Little wonder, is it, that well-meaning people who reach out

often are confused and feel defeated! But consider with me these guidelines for learning some realities of human disability. Remember, when using these words or when dealing with the people they describe: above all, think of the *whole person* first. I happen to have a disability and have long since come to terms with the fact. Please, then, learn a simple yet profound lesson: I am a person with a disability, no more, no less. I am not "the handicapped" or "the disabled." So, engage a given handicap or disability (see Appendix 1) on the level of the impairment itself. Separate a given loss from the wholeness of the person involved with it. For example, encounter Mr. Jones before you react to his legal blindness. Second, think about the practical limitations Jones lives with as a result of the condition. If the numbers on the door of the classroom he is heading for are small, for instance, he may not be able to read them. He must ask for help and thereby call attention to his disability. In the third place, consider the injustice of it all and step forward to work for changing the limitations society places upon such neighbors with impairments. And as Harold Wilke, born without arms, has urged, try to relate not "to" persons with handicaps so much as "with" them.³

In church and temple today there is unprecedented opportunity to begin such pursuits and to work toward the National Organization on Disability's goal of expanding "participation in . . . religious and cultural activities." People of God's family, especially, could heed President Reagan's 1983 call to:

let the spirit of the Decade of Disabled Persons capture our imagination. In partnership between the public and private sectors, among national, state, and local organizations, and between the disabled and the abled, we can win the battle for dignity, equality, and increased economic opportunity for all Americans.⁴

Spirit, imagination, and partnership are basic weapons in the struggle for all citizens of good will, whether formally religious or not. Yet for those who are religious, the unconditional acceptance of "abnormal" believers is a sign of authentic repentance and response to God. God's family proclaims the equal status of everyone "created in [God's] image" (Gen. 1:26). To marginalize this issue or to treat it merely as a specialty area of ministry is to handicap the community

itself (see Appendix 2). Despite the good beginnings, barriers of substance and spirit persist.

Stairs and Stares

A typical church building has stairs everywhere: at entrances, into the basement, up to the balcony, and reaching to the altar. Anyone using a wheelchair knows about architectural barriers. And, sad to say, these staircase barriers still are among the most common. Think about it: some communities have more accessible taverns than accessible places of worship!

Even far back in history barriers may have affected church life. One of the congregations served by Saint Paul in New Testament times was located at Corinth in Greece. It is apparent in his later correspondence with this assembly that there was rivalry between various groups (see 1 Cor. 1:11–12). Theological debate was central to the disputes, but architecture may also have had something to do with the situation.

At the time, believers had no large church buildings. They gathered at private homes instead. Wealthier congregation members were able to accommodate the largest numbers for worship and fellowship. Archaeologists have unearthed foundations showing that houses at that time had an inside dining area (the triclinium) where approximately ten guests could recline while eating. Outside the triclinium was another larger space, sometimes a partially enclosed courtyard (the atrium) which corresponds to today's family room. Since the dining chamber alone could not hold all the worshipers on the Lord's day, some remained outside in the atrium and beyond. So who was invited into the inner room? Likely, the friends of the host or other influential people. Thus, first- and second-class believers were distinguished simply by the architectural situation.⁵

Without intending to separate Christians this way, modern churches have "triclinium" circumstances when no ramps are available and bathrooms remain inaccessible for those with disabilities. Designs of future church structures will find a better way.

Disability is largely a matter of perception. A subway poster in London depicted a person in a wheelchair out on a sidewalk and poised to enter the public toilet. Yet the entrance was a circular

stairway. The caption read: "It's not that people don't care, it's just that they don't think!" If people stop long enough, they will recognize disabilities—even the more visible ones—as simply a part of our tentative and vulnerable lives. The human need for toilet access is merely understood a little differently from the vantage of someone using the wheelchair. For removing architectural barriers there is abundant evidence of good will and remedy once people are reminded and understand the need.

The stare barrier is another matter. In battling it to gain compassion and human rights we confront more elusive enemies: hidden fears and habits of "keeping one's distance." Persons with disabilities meet people who refuse to look their way at all, a degrading and humiliating experience. Or, they meet indifferent people or those bent on satisfying their curiosity, an irritating experience. Several of my own experiences are typical of daily occurrences. That those of us with disabilities are unsure about defining our various handicaps becomes another factor of confusion. For one thing, there is bitterness:

The young intern entered the examination cubicle. "Well, did you lose an arm?"

"Yes, I guess so." (I was tempted to reply, "No, did you find one?")

The polio epidemic of several decades back (like AIDS today) was a frequent conversation topic among my parents and their friends. Inevitably the conclusion reached was that my paralysis might have been worse. I heard so often, "You were lucky it was in your left arm!"

With a vague sense of guilt, which I never quite understood, I would mumble an affirmation. What I felt like saying was, "With a little more luck there would be no paralysis at all."

Being the subject of conversation or whispers gives birth to cynicism. Attention was paid to my handicap, I felt, but seldom, if ever, to me. My handicap gave people an excuse for questions; even the questions in a child's innocent stare could be painful:

"What happened to your hand?"

(Pause)

"I got in a fight with a buzz saw."

Bitterness and cynicism are heralds of despair. Today when the

preacher declares, "Tough times never last, but tough people do," I feel like applauding his challenge for listeners to get on with their lives despite the setbacks.⁶ Nonetheless, there are people with disabilities who are as tough as anyone, but who know that for some of us, the tough times do last. When, for example, young adults with symptoms of schizophrenia neglect a medication therapy, their hidden voices of disorder and chaos will blare renewed commands. And soon parents will return to the midnight patrols of downtown streets hoping to spot their derelict loved ones. Tough times last. To pretend otherwise is a romantic falsifying of truth. It only intensifies the non-sense of disease and disability. Yet healing and hope are also realities.

Breakthroughs

Two common forms of attitude barriers confront persons living in handicapping conditions. One causes people to turn their backs. The other leads to misguided questioning. I urge that everyone pay more attention to the middle ground, the more neutral regions of Scripture and common sense.

Even as a loser of the tennis match I felt good about the competition I had put up. It felt even better when my opponent came over to shake hands, saying, "That arm sure doesn't seem to bother your game much." Now I had a chance simply to reply no if I did not wish to comment, or to point out what in fact were some limiting circumstances.

The injuries had meant weeks of therapy and rehabilitation for the university coed. In a wheelchair, she eventually made it back to the campus. A former dorm mate ran over and said, "It's so good to see you back! But I hope you won't be confined to that wheelchair very long."

"Glad to be here. But please . . . I'm not *confined* to anything. I just *use* the chair."

Newly ordained, I served a rural parish in the northern forests and lakes of Minnesota. During the summers, vacationers worshiped with us in a lakeside chapel. Years later, I met one of them and began to chat about those summers. It was a surprise when she mentioned a sermon from those days: "It was the one you preached from the text, '. . . and a man was there who had a withered hand'" (Mark 3:1).

Until that moment, I had been completely unaware of the natural visual aid (my own atrophied arm) I presented to listeners to the sermon. The episode reminded me of the blessed unself-consciousness that disabled people need; without it self-pity can take over.

Each case is unique; no magical, supremely tactful comments or questions lie hidden somewhere to smooth encounters between able-bodied persons and those living with disabling conditions. A familiar legal expression, "you have the right to remain silent," is one that everyone should keep in mind. On occasion, it is better to say nothing. Yet, at the same time, daring to risk and say something can also unlock doors for learning and caring about the tough times of others.

Jesus told the story of the Good Samaritan after he was asked, "And who is my neighbor?" (Luke 10:29). This parable is about not only the Good Samaritan who cared for the one in trouble, but also about the ones who refused to look squarely at such a neighbor. The message is as relevant today; too many people still spurn neighbors who are different.

The position of women in the early church has similarities to that of people with disabilities in the church today. Elizabeth Schüssler Fiorenza has reconstructed the status of women in the early church in her book *In Memory of Her*, which presents a different way to comprehend Christian origins. While Bible students may recognize women pioneers of the early church such as Lydia (Acts 16:14–15), from so many other sources one gains the impression that men were the only leaders. But both women and men of that time, Fiorenza claims, were equal members. Readers need to take another look at the period in order for the women to become visible. The English language of the Bible we know (with its dominant male nouns and pronouns) may be inclusive by intention, but in this case it has hidden the participation of women. Even today in some church literature, women are mentioned explicitly only when they cause a problem or are troublesome exceptions to expected roles, for example, that of motherhood.⁷

When one questions the whereabouts of disabled members in an average congregation today, the response is often: "Why, yes, of course we want to make our church accessible. Only we don't *have*

any disabled members here." The reason for such a response is that disabled people, like women in the early church of Fiorenza's study, have been ignored in favor of the able bodied, who handle all schedules, programs, and activities. Yet even those who can do nothing more than pray could contribute much to church life (see 1 Thess. 5:17 and Rom. 1:9).

With Jesus, it was different. He noticed the people that most others would rather avoid, such as the Samaritan woman in John 4: 7-30. Luke 14:12-24 tells the story of a man who prepared a banquet and invited a host of guests. But when the festivities were about to begin, the turndowns arrived: one excuse after another. So the householder told his servant to "invite the poor, the maimed, the lame, the blind" (vs. 13). There were no excuses this time. Guests began to arrive: homeless, handicapped, and refugee. By comparison to the first group, their silence seems like a token of the mists from which they emerge. Here were people (unlike those who declined) who had not been distracted by upward mobility concerns. They came for the free meal, of course, but I don't doubt that they also came for the acceptance and fellowship represented in the bountiful generosity of their host.

For our Lord, outcast guests of the kind described at the banquet seemed always near. Rejoicing in the good news he personified, they "heard him gladly" (Mark 12:37). On a deeper level, his solidarity with them underscores the vision of today's disciples who see the church as a new messianic community opening its buildings and hospitality to outcasts and the poor the world over. See, for example, Matthew 22:1-14. This banquet parable is a somber reminder that the decisions we make about the worth of others will also involve God's judgment. Turning aside from disability, especially in the church, is bad enough; adding the burden of guilt to the ones with handicaps is worse.

When the Lord of the church challenges Christians to bring in unlikely guests, where do we start? First, people of the Church must recognize habits and attitudes that can get in the way. One of them is an inclination to delay or refuse contact with "marked" persons. "Marked" means having an identifying feature which sets one apart from those accepted as normal. Because a marked person is

conspicuous in some manner, usually he or she is pitied or shunned. An obvious facial scar, birthmark, or cleft palate subjects its bearer to stares or perhaps even worse, to seeing the eyes of others hastily turned away. In the case of developmental disability, there can be distinctive facial features and unusual mannerisms that disturb others. A paralyzed or amputated limb often provokes similar reactions. Saint Paul was fortunate—members of the early church accepted him despite his disability. To the Galatians he wrote, “. . . you know it was because of a bodily ailment that I preached the gospel to you at first; and though my condition was a trial to you, you did not scorn or despise me, but received me . . .” (4:13–14). In Paul’s day marks were common. It was not unusual for owners to tattoo their slaves. If a bond servant was caught stealing or in an escape attempt he or she might suffer a brand burned upon hand or forehead. From the days of Moses the slave had been marked by the sign of a pierced ear. The Greek word for these marks, *stigma*, is with us today in English.⁸

A second attitude that gets in the way of full acceptance involves a particular kind of stereotyping, in which a person with one impairment is assumed to have others. A person with impaired hearing who “talks funny” is also presumed to be dull of mind; a blind child is presumed to be intellectually inferior to sighted children. Deformed by cerebral palsy and using a wheelchair, psychologist Sondra Diamond put it this way: “I am not what you see.”⁹ She tells what it was like hearing herself described as a “vegetable” or some kind of “sideshow freak” and maintains that every human being, no matter what the impairment, has everyday drives, cares, weaknesses, and aspirations. And “to be human,” Sondra asserts, “is to be loved.” People learn to love when they interact with others, when they enter into honest relationships. And then they find that stigma and stereotypes fade away.

Stanley Hauerwas in *Suffering Presence* points to a third stumbling block in the path to full acceptance. I call it denial. The suffering presence of pain, Hauerwas asserts, divides the ill from the healthy. People will be attentive and sympathetic to someone enduring intense but temporary pain.¹⁰ Still, perhaps one reason people extend wishes for a “speedy recovery” is that a lengthy recovery

period, or none at all, is unthinkable. If so, chronic disability (as in serious permanent paralysis) can become an abstraction together with the person having the suspicious malady, namely, "it." The level of toleration for bad luck, the ugly, or the unpleasant has limits. "Either way, I win," said a preacher, explaining that God would either heal this illness or take him to heaven; to live with disability somewhere between healing and heaven was apparently unthinkable. Fearful inside, the "healthy" deny an uncontrolled suffering presence and retreat into illusions of their own invincibility. Yet the Bible is blunt: "Bear one another's burdens . . ." Paul wrote (Gal. 6:2).

One, holy, catholic, and apostolic are the ancient signs of Christ's church. Since God's spirit is still active in them, there is hope for those who fly their crippled, marked, pitied, and avoided banners. It is never too late to find ways together to love these neighbors with impairments as ourselves (Lev. 19:18; Matt. 7:12). All have a place and a contribution. Brokenness can mean pain, isolation, and life with limits. But for the most part, it should add up only to a frightful nuisance: a *slower* pace or S-L-O-W-E-R speech. The reactions of others are the real cripplers.

Marked

And the LORD put a mark on Cain, lest any who came upon him should kill him.

Gen. 4:15

It took time before I could look Michael straight in the face. Flames from the cleaning fluid his mother was using had seared most of it away. Festering eyes stared above what had once been a nose, and the bloated lips shaped a perpetual grin. Outer ears and hair lines were gone, as were most of his fingers. Here was a child Boris Karloff ready to play Frankenstein.

Mike and I called Ward Six in a state hospital for crippled children our home for months of treatment and rehabilitation. Forty years ago, the virus of a crippling disease, poliomyelitis, stalked the nation's children and had caught up with me. I wore an upper body plaster cast following shoulder surgery. It was heavy and awkward, but at least Mike and I had no need for the braces, crutches, and wheelchairs all about us. Free to roam outside in the courtyard, we ran and played like other kids our age, teasing and competing. It was not long before I had found a buddy behind the wounded face.

Musical organizations provided wondrous entertainment for us. Sports figures like Jack Dempsey paid visits, and one afternoon we even dressed up for European royalty. Best of all was the day when some of us got ready to visit the State Fairground nearby. No self-propelled wheelchairs or ramps were available then, so only those who could walk normally, who were not limping too badly, or who were good with their crutches could make the trip.

Suddenly I noticed a hat on Mike. It was an oversized Mafia-type affair, and underneath the brim a black mask covered his eyes. Even as a child, I was stunned. The mask and hat repulsed me more than Michael's wounds. Michael's injuries belonged to incidents that were similar to events in the lives of the rest of us; setting him apart with the mask and hat seemed only to add another indignity. It was different for the grown-ups at the fair; they would be spared the sight of his face. Michael never said what that hat and mask meant to him. Yet, sooner or later, he would have to meet the world outside Ward Six and bear those scars in public. Growing up, he would meet two levels of conflict: first would come the mixed signals from those glimpsing the youngster for the first time. Given time, some, like me, would see Michael beyond the annihilated face. But most, unable to bear the hideous parody of a cherub's countenance, would look the other way. The negative reactions would ignite a struggle within, the second level of strife. Why did he have to be different? Had the flames punished him for some wrong? All too often in such cases guilt and shame become the mind's companions. Then rarely, if ever, can one so marked feel quite good enough or wanted by anybody.

Who Is to Blame?

Advice columnist Ann Landers recently denounced a "Chicago Reader" who complained about having her appetite spoiled by the sight of a woman whose husband was feeding her in a restaurant. Many readers applauded Ann's support of this woman who experienced difficulty swallowing her food without creating a "mess" (and was in a wheelchair besides). But read these responses of a different nature.

Dear Ann Landers: I found your reply to "Chicago Reader" offensive. Has it occurred to you that all people at some time in their lives experience sad events, and it is not their divine right to burden the general public with their problems? F.Z., Ohio

Dear Ann Landers: Your response to "Chicago Reader" shows you are not very savvy. Would you believe there are many handicapped people who take great pleasure in flaunting their disability so they can make able-bodied people feel guilty? I, for one, refuse to fall into that trap. Too bad you did. Sacramento, Calif.

Dear Ann Landers: Usually you're right, but you were wrong to get huffy with "Chicago Reader." I am a picky eater with a queasy stomach. I have the right when I go out and pay good money for a meal to enjoy it. The sight of a woman in a wheelchair with food running down her chin would make me throw up. I believe my rights should be respected as much as the rights of the person in the wheelchair . . . maybe even more so, because I am normal and she is not. R.L., Miss.

Dear Ann Landers: Your mean reply to "Chicago Reader" was uncalled for. She has a very good point. In my opinion, restaurants should have a special section for handicapped people—partially hidden by palms or other greenery so they are not seen by other guests. Slobberers, disabled or not, turn my stomach. D.L., Fla.

Dear Ann Landers: Too many relatives of handicapped folks parade them around town, taking them to the theaters, movies, concerts, art museums and restaurants to show off how wonderful they are. They love to hear people call them "devoted" . . . "caring" . . . "dedicated." It's their claim to fame in life and they play the martyr role to the hilt. Wise up, Lady. J.K., N.Y.

It was too much for the columnist. Her reply:

Dear Readers: Please forgive me if I do not respond to these folks. They are too far gone for me to reach.¹

Such attitudes toward people with disabilities are not limited to a few readers of advice columns. Two more examples show equal bitterness and distorted perceptions. Recently, a city council denied a permit to establish a group home for thirteen moderately retarded people, most of whom put in a full day's work in a sheltered workshop. One citizen testified, "I'm a coward. It's not a very pleasant thought to go to bed and know there's 13 demented, self-afflicted people across the street from you."²

Columnist George Will has a son with a developmental disability, Down's syndrome. (A child with Down's syndrome is born with one extra chromosome, which can come from the father or mother, thus excluding either from "blame." Some impairment is involved, but there is quite a range of abilities depending upon the individual child and his or her upbringing.) In a recent column, Will quoted a former official of the U.S. Department of Education:

They [people with handicaps] falsely assume that the lottery of life has penalized them at random. This is not so. Nothing comes to an

individual that he has not, at some point in his development, summoned. Each of us is responsible for his [or her] life situation There is no injustice in the universe. As unfair as it may seem, a person's external circumstances do fit [her or] his level of inner spiritual development Those of the handicapped constituency who seek to have others bear their burdens and eliminate their challenges are seeking to avoid the central issues of their lives.³

Scorning such "crackpot metaphysics," Will pointed out how difficult it was to fathom how his son, Jonathan, had "summoned" chromosomal problems.⁴ Marked with developmental disability, individuals like Jonathan Will and the group home members are put down by some (stigmatized) and put up with (patronized) by others.

In *So Who's Perfect!* Dhyhan Cassie has people with visible differences tell their stories. One is Kenneth, a young, married supermarket detective with a port-wine birthmark on his face. As a child, "I had a few friends," he says, "kids who . . . were the outcasts. We had our own little group." Then came adolescence:

I had girlfriends, but I didn't date. I was never invited to a party. I always held that against them. I didn't get angry at any one thing or one person. Just angry that I had it. I used to say a lot, "Why can't I be like everyone else?" My mother would say, "God gave it to you because you're special, you're different." It would comfort me then, but it wouldn't last.⁵

Kenneth's mother was right. As in the example of Cain and Abel (Gen. 4:1-16), sometimes God treats individuals differently for no reason apparent to us. The question of *why* God accepted Abel's gift and not Cain's is not dealt with in the narrative. The puzzle remains: equal brothers experienced unequal treatment! Instead, the text invites readers to observe how God's unequal blessing gave rise to jealousy which, in turn, resulted in the crime of murder.⁶

An ancient instance of locating blame is found in John's Gospel. Jesus had just cured a lame man at the Bethzatha pool. When he found him later in the temple Jesus upheld a common Jewish attitude of the time when he warned, "See, you are well! Sin no more, that nothing worse befall you" (John 5:14).⁷ Little wonder that those who hear and read biblical texts like this gain an

impression of a sin-punishment linkage. On the basis of a sin-disability connection, blindness and other afflictions can appear to be God's punishment for misdeeds. After all, guilt of parents also was avenged on children (Deut. 5:9-10). This cause-and-effect relationship between sin and human disability seems also to be present in other passages of Scripture. Take the example of Israel in the desert wanderings. God punished the chosen people for their disobedience. Snakes were sent among them which bit at the LORD's command (Num. 21:6). And thousands were victims of the plague (Num. 25:9). Not only the group, but also individuals were affected. For taking exception to the authority of Moses, Miriam was banished for seven days from the wilderness camp (Num. 12:14).

The association of sin and punishment is evident in various New Testament writings as well. "Rabbi," the disciples asked, "who sinned, this man or his parents, that he was born blind?" (John 9:2). Behind the disciples' question was the old tradition. However, in Matthew there is an exception. There a demon is blamed for blindness (12:22). In Acts, Paul was an instrument of punishment and struck the magician, "... enemy of all righteousness, full of all deceit and villainy" with blindness (13:4-12). For members of the Corinthian congregation who observed the Lord's Supper in an "unworthy manner" the outcome was illness (1 Cor. 11:27-30).

Hellenistic views of the time coincided with these Judaic views. Epilepsy, for instance, was known as the "holy sickness," and those suffering from it were considered marked in some special way by the gods, having their symptoms imposed as punishment for past sins. Hippocrates rejected this judgment in favor of a slowly emerging empirical-scientific method: "It appears to me no more divine or holy than the other sicknesses, but rather has the same source as the others."⁸

Yet with Jesus came a breakthrough. Far from blaming the sick for misfortune or as victims of the power of evil, the New Testament explained their recovery at the hands of believers as a sign of the resurrection age (Mark 16:17-18). Jesus ignored the sin-punishment interpretation and pointed instead to God's forthcoming work of redemption: "It was not that this man sinned, or his parents, but that the works of God might be made manifest in

him" (John 9:3). Blindness is not punishment; although suffering is present, the loss and regaining of health symbolize the inauguration of God's work to make new. In this light guilt, punishment, and blame are irrelevant.

Children of a Lesser God?

In a play that Walter Kerr called a "season's unexpected find," the speech therapist James Leeds finds himself falling in love with one of his clients, Sarah, a girl born deaf. Eventually they marry and the drama unfolds as an account of the making and breaking of a marriage between an impaired woman and her hearing spouse. As the stage romance flowers, one discovers that Sarah's refusal to voice words stems from her terror at appearing "retarded"; she fears any words from her mouth are bound to sound odd when, in a sealed-off silence, there is no way to measure them against other people's. Her own mother, after all, had treated her as a mentally handicapped child. Better the safety of silence, she thought, even if it forced her to waste a college-level intelligence doing janitorial work. To breach this isolation, James reveals the psychic injuries he has suffered in a chaotic family upbringing. Both, it seems, were born to parents who would have been better off without them. But are they better off without each other? This is the question playwright Mark Medoff probes in *Children of a Lesser God*.⁹

While most critics praised the Tony Award winner, one of them expressed uncertainty: "Is it the play that is being applauded, or the occasion that allows some talented members of the National Theatre of the Deaf to move into the mainstream of American Theater?"¹⁰ Putting the question another way, how can deaf actors compete? Such a question is based on the assumption that a hearing impairment makes a person less than normal, inferior. Sarah disagrees with that assumption. She explains to James, "Deafness isn't the opposite of hearing, as you think. It's a silence full of sound . . . spring breaking up through the death of winter." Later, she spells it out further to him: "until you let me be an individual, an *I*, just as you are, you will never truly be able to come inside my silence and know me."¹¹ But Sarah has struggled to reach this point, at which she is able successfully to challenge the "deaf, therefore retarded" prejudice.

As blindness in Scripture was associated with sin and punishment, so deafness in the Bible is ranked with being dull (retarded), silent, and cut off from fellowship. The elderly Zechariah (Luke 1:8-25) was muzzled because he lacked faith in the angel's promise, "... your wife Elizabeth will bear you a son ..." (vs. 13). Later on when he appeared mute before the people in the temple, "he made signs to them and remained dumb" (vs. 22). In Mark's gospel (7:32-37) a deaf man was brought to Jesus with "an impediment in his speech." After Jesus opened his ears and "released his tongue" the man "spoke plainly" (vs. 35). He was freed from isolation and took his place with others. In similar instances, dumbness is involved with demon possession. The "deaf" mentioned in Jesus' announcement to the disciples concerning John the Baptist are "those without knowledge" (Luke 7:22). In fact, the same Greek word is used in the New Testament both for those who are "deaf" and for the ones who are "dull" or "mute" (Matt. 9:33, 11:15; Mark 9:25; Luke 11:14).¹²

Among the prophets, Habakkuk scoffed at those who would try to communicate with a "dumb" idol (2:18-19). Despite the book of Job, which denied the notion of sin-punishment cause and effect, the discrimination against those with such marks continued. For example, centuries later rabbis would debate the degree of Sabbath law obligation to be expected from the deaf. Communication with them required special attention. Some who tried and failed decided that intellectual underdevelopment was involved; thus, if hearing impaired individuals were not in control of the mind, some rabbis contended, they lacked the skills necessary for adulthood or legal responsibility. Deaf persons, therefore, should not count in the prayer quorum. But the issue was never settled. Other rabbis sharply disputed such conclusions.¹³

To link blindness with deserved punishment, to see retardation as self-inflicted or deafness as a sign of mental inferiority seems absurd to most of us today. Still, like alien cells in the body, the virus of bigotry proliferates quickly and in silence. Prejudice means simply "pre-judgment." Some prejudice could be avoided by simply following the rule: judge the *individual*, not the *group* the person represents. For example, think of Sarah who has a hearing

impairment among myriad other distinguishing features, not of Sarah-who-is-deaf. Individuals with impairments may be "good" or "bad," just as any other person without them may be. Before applying any mental label, therefore, pause to encounter one who, like yourself, is a once-and-for-all reflection of God's image (Gen. 1:26).

Disability can also arouse self-doubt. Consider writer Florida Scott-Maxwell's thoughts:

When a new disability arrives I look about to see if death has come, and I call quietly, "Death, is that you? Are you there?" So far the disability has answered, "Don't be silly, it's me." . . . I had one fear. What if something went wrong, and I became an invalid? What if I became a burden, ceased to be a person and became a problem, a patient, someone who could not die?¹⁴

Her fear of aging and life as an invalid or as a "problem" is a common fear. Even those with disabilities sometimes are prepared to accept themselves as children of a lesser god.

To Label Is to Libel

Suddenly, he knew what it was like. Entering battle, the raw recruit in Stephen Crane's *The Red Badge of Courage* at first fought bravely, only to break away in terror and join the wounded. Deeply shamed at not having earned a "red badge" like theirs, he then got a minor head wound when a hysterical soldier from his own side assaulted him. Wearing a bloody bandage, he reentered the conflict. This time the recruit's unconscious bravery was truly courageous. Appearances are important.

Who can forget Cyrano de Bergerac's huge nose? By revealing the dashing French swordsman's sense of humor, Edmond Rostrand's comedy underscores Cyrano's mastery over being different from others:

Valvert (to Cyrano): . . . Your—ah—nose is very large

Cyrano: That's a mite brief, young man. You might make, Lord, how many remarks. . . . For instance, listen: . . . Descriptive: "It's a rock! A peak! A cape! A cape, I said? A whole peninsula!" . . . Gracious: "Are you so fond of birds, that in paternal fashion you tender for their little feet that perch?" . . . Admiring: "What a sign for a perfumer!" . . . Naïve: "What are the visiting hours at this monument?"¹⁵

In later times, Cyrano might have considered plastic surgery. Up until 1945 in our country, physicians practiced medicine on a life-or-death basis: keeping death at bay was the point of their energies. But a new focus on enhancing quality of life is increasingly seen in medicine. Plastic surgeons are asked to improve someone's facial appearance or to reconstruct a breast. While treatment for obvious malformations and scars resulting from accidents is certainly understandable, some may criticize as vanity the desire to have wrinkles eliminated, bags under the eyes taken away, or a nose touched up a bit. But who really is to say what is attractive or ugly in personal appearance and what means are justified in seeking improvement? Determining a degree for quality of life is ambiguous. For some, advancing medical knowledge and surgical skills present opportunities to "correct" certain deformities, though the risks and uncertainties will call for hard decisions. For others with more severe problems no such means are on the horizon. Yet one hangs on to hope that a scientific or technological breakthrough will be announced in today's newspaper.

Cyrano stood up for himself, just as he was. While few can match his heroic antics or the courage of the soldier in Stephen Crane's novel, most individuals with disabilities have come to terms on the inside with their handicaps. They are not embarrassed about it; they can wear a handicap like a badge if need be. They wish only to show what they can do. People want to contribute. Still, the gray area of narrow-mindedness in the responses of the "normal" can convert scars into open wounds.

Wendy is a blind teenager. "Sometimes sighted people seem afraid to speak to a blind person at all," she sighs. "It's so strange, as though blindness is a disease you can catch!" Her mark of blindness makes others identify her by this disability alone; because of it they imagine that she is limited in other ways. And few will bother to test out such a notion about a blind person they meet. At a restaurant, for example, Wendy, herself, wants to be asked what *she* wishes to order, not through a third person: "Just speak in my direction. I'm still here!" Jerry is deaf. Noting people in his group laughing, he begs a friend to let him in on the joke. The answer is to wait a bit, but nobody ever seems to get around to communicating the punch line. Jerry concludes people really don't want to

bother. An extra effort is needed on both sides here. Wendy and Jerry will need patience as they wait for the rest of us to overcome prejudice and begin practicing an unfamiliar sensitivity toward others.

"I bear on my body the marks of Jesus," Paul wrote to the Galatians (6:17). After suffering insults, hardships, persecutions, and calamities (2 Cor. 12:10), the Apostle admitted to "weaknesses," at least some of which were physical (see also vs. 7). But the writer of these letters had come to terms with them. His frailty had made him strong. Paul's wounds were a badge. Yet, without Paul's strength and acceptance by others, such wounds could have destroyed his effectiveness.

The debilitating power of labels can be seen clearly in examples outside the area of physical disability. During World War II, the Selective Service drafted men considered physically able to serve in the armed forces, but for a variety of reasons, including the potential for financial liabilities later on, a certain percentage were excused from military duties. They were called "4-Fs," and the social effects of 4-F classifications were often devastating. Neighbors now marked these rejected draftees and considered them as "less" than others their age; a hidden weakness of the 4-F had been exposed to the light. An "ex-con" is usually suspected of continued criminal designs and watched with extra care. Currently a school "drop-out" or the person "on welfare" may bear a similar stigma. Language is important not only for what is said, but also for what it does through symbols like these.

In contrast, that one's marks could confer a status of honor has been acknowledged since the time of Abraham. A king in Mesopotamia might bestow a seal with an inscription as a royal favor.¹⁶ In Egypt, the Pharaoh established Joseph as his emissary by clothing him in fine linen, placing a gold chain around his neck, and transferring the signet ring from his hand to Joseph's (Gen. 41:40-43). The murderer Cain received a mysterious mark from God, perhaps as a sign of divine protection (Gen. 4:15). The prophet Isaiah (44:5) portrayed the mark upon one's hand as a seal of God's promised blessing. Today followers of the divine command (Deut. 6:8) wear the phylactery objects upon hand and forehead. Early followers of Jesus, the Gnostics, applied a hot iron to a

baptismal candidate's right ear as a sign of the flame and membership in the messianic community. Accepting the dishonor linked with the term, Paul used the mark of slavery to introduce himself to the congregation in Rome (Rom. 1:1): his owner is Christ, and serving the Gospel's cause is an honor. At the close of the New Testament, Revelation cites the "mark of the beast" as an emblem of membership in a tribe or cultic group, and it might have been a source of pride for its bearers (13:16; 14:9-11).¹⁷ In most cases, however, a mark resembles—for its wearer especially—more of a wound than a badge.

Belonging to Our Scars

Whether one's marks involve a wound, an emblem of shame, or a seal of honor, the scars are potent life companions. Michael with his hat and mask, I with my body cast, and the others with crutches and braces in our small band of crippled kids at the fair bore signs that set us apart—yet we were wiser than many others in the throngs surrounding us. We already knew about limits in life.

Stanley Kunitz said in "The Dark and the Fair," "We learn, as the thread plays out, that we belong / Less to what flatters us than to what scars."¹⁸ Yet belonging to our scars is not all bad. Scars have at times been transformed into deeper life.

Nathaniel Hawthorne wrote about such a transformation in *The Scarlet Letter*. In this famous American novel set in the early days of the Massachusetts Bay Colony, the heroine, Hester Prynne, was convicted of adultery and sentenced to wear a scarlet letter "A" as a warning to others. Sin and shame were exposed, and she lived with the consequences. Eventually, she forgave herself and adapted, acknowledging that sin in God's sight is a condition somehow tied to human imperfection. Prynne not only survived; like most other persons with a chronic disability, she accepted life and adapted to possibilities of a different sort. Her later years, filled with life and kindness, transformed her shame. The scarlet letter then stood for "Able."

The Ndembu people of Zambia transform scars in a unique way. They actually cultivate a social acceptance of the "powerlessness" in human disability. Victor Turner, an anthropologist, has

analyzed how these Africans observe the great dramas of life and death in their initiation ceremonies. Those who are about to enter the new phases of puberty and marriage become, for a time, the “in between” members of society. They play a prophetic role as they are set aside to be “useless” and become a reminder to the community of realities beneath the surface of daily affairs. They have no status in comparison to the regular members of the society. They have no jobs or food-gathering achievements to boast about. Instead, here—on display for all to see—are the weak and defenseless ones. In routine daily activity, they become public visual aids to conditions of poverty, humility, silence, and the acceptance of suffering. The lesson is the drama of human vulnerability and eventual truths about life for everyone. No explanation is required.¹⁹ Perhaps Paul played a similar role among the citizens of Corinth. His letters were “strong,” as even his opponents acknowledged, but his bodily presence was “weak” and his speech “of no account” (2 Cor. 10:10). Yet for the sake of mission he was content with such features. Despite harassment from a “thorn in the flesh,” the power of Christ was also present: “. . . for when I am weak, then I am strong” (2 Cor. 12:7–10). And the same power can also transform such lack of human strength in Christian congregations today.

Biblical texts seldom mirror life to readers in such dramatic fashion, but neither does the Book gloss over life’s realities. One reality is physical limitation. Moses, the greatest leader in Jewish history, had a speech impediment so serious God appointed Aaron to interpret for him (Exod. 4:10). Yet in the biblical account, the speaking ability (or lack thereof) of the Exodus leader seems to be of little concern. It is a minor element of the plot, trivial by comparison to the issue of obedience to God (Num. 20:1–12). But perhaps such a conclusion needs a second look. Think of the patriarch Jacob who wrestled with an angel (Gen. 32:23–33). The encounter left him with a new name, Israel, and a limp besides. Alan Henkin suggests the very name of God’s people is connected with human disability! The grandson of King Saul, Mephibosheth (according to the Talmud), became a scholar whom David consulted on all matters. “Now he was lame—crippled—in both his feet,” noted the historian of King David’s court in describing Mephibosheth (2 Sam. 9:3, 13).

Observe, then, how speech impediments, lameness, and crippled feet are important enough to be included in the narratives. At the same time, they are simply blended in with the broader scenes of accomplishment and acceptance. Jewish heroes were different in this respect from the heroes of classical Greco-Roman culture. The Greek and Roman champions were gallant figures with superhuman strength, graceful bearing, and bodily perfection.²⁰

Deep inside, most of us recognize that we "belong to our scars" as life experience unfolds. Yet we live in a society that refuses to recognize, much less respect, this insight. Television advertising pictures us as a society with little use for weakness, humility, or silence. As aging occurs, the blemishes on our hands and the gray hairs on our heads become enemies to be conquered by the latest tonic. Pills are available for headaches and aching backs. Various products supposedly alleviate the discontents of loneliness and illness. Rather than face the truth that each of us is vulnerable to becoming blemished, advertisers play on our hopes for preventing or eliminating pain and imperfection. Instead of learning valuable lessons about life from persons with disabilities in our midst, we turn away and keep our distance.

The examples from Africa and the Old Testament show how other cultures have confronted the fact of disability. For our culture, another way also beckons: love and acceptance within a Christian congregation. Here is the place for promoting, win or lose, new ideas for working alongside those with disabling conditions. This acceptance and shared work might even lead eventually to an end to stigmatizing people with disabilities.

Jesus and the apostles set an example of this love and acceptance. Attitudes of the people in Capernaum toward a person with a disability—their hardness of heart—grieved Jesus. So, risking even violent controversy for breaking Sabbath law, the Master made whole a withered hand (Mark 3:1–6). It was a breakthrough. Moreover, the incident took place *inside* the synagogue precincts, where the man had likely already taken part in its various activities, including begging, almsgiving, and individual prayer in the fashion Jesus described (see Luke 18:9–14).²¹

In his letter to Philemon, the Apostle Paul suggested a course of action that was at odds with the social order of the day.

Philemon was the senior authority figure of a New Testament household. The congregation in Colossae ("the church in your house") was likely a community of several families engaged in a common agriculture or business enterprise (vs. 2). Modeled after the Roman system, the congregation followed an authority pattern which culminated in the absolute power of the man who headed the leading family. In the group were also various friends and clients. If a freed slave, for example, chose to remain with the group, he or she obeyed its rules; the master, in turn, guaranteed provision for the social and material needs of the former slave's family. The cohesion of the household was the result of common enterprise, mutual responsibility, and respect. Economic interests became its cement, and household unity was crowned by the adoption of a common religion.²²

Onesimus, a slave, had broken his ties with Philemon's household when he fled to Rome. While in the capital city, he had become active in the Christian congregation there. Paul, under house arrest, prized the escapee's service. When the time came for Onesimus to return home to make amends, Paul sent a letter to the slave's master, the Christian Philemon, saying:

I am sending him back to you, sending my very heart.... Perhaps this is why he was parted from you for a while, that you might have him back for ever, no longer as a slave but more than a slave, as a beloved brother. . . . So if you consider me your partner, receive him as you would receive me. (vss. 12-17)

Paul had no suggestion for abandoning the organization of Philemon's household. Rather, he was reminding Philemon that being a Christian also involved a new manner of loving in ordinary social situations: acceptance and respect for people, whatever their class background. The social dishonor that marked the runaway slave was bypassed by something new: brotherhood and partnership in God's family surpass any stigma of slavery. Paul might simply have directed Philemon to "practice hospitality" (Rom. 12:13). Instead, he depended upon the powerful leader of the household to make up his own mind and set in motion a new attitude toward the now vulnerable slave Onesimus. Philemon could continue to serve the "church in his house" by his position of power. And he

might also "refresh [Paul's] heart in Christ," right in the swirl of life. He could respond with even more generosity than Paul expected (vs. 21).

Learning to live together in harmony and mutual respect is by no means an ancient issue for the church. It is still tempting to meet exclusively with those with whom we feel most comfortable, and to maintain church friendships in much the same way as we do in outside activities. There are "Onesimus" members, people with impairments and disabilities, on the fringes of many congregational households today. And by the same token, there are the capable and talented "Philemon" members (of both sexes) who need to be reminded, as Philemon of Colossae was, about sharing a faith to "promote the knowledge of all the good that is ours in Christ" (vs. 6).

Pitied

He caused them to be pitied
by all those who held them captive.

Ps. 106:46

Having tested positive for exposure to the AIDS virus, the enraged youth went home and tore out the bathroom fixtures of his house. After getting the same test result following a blood transfusion, a woman reflected, "I felt like a leper." Reports on people with AIDS are commonplace in today's newspapers. As we read them, fear, sympathy, and pity converge; in our mind's eye at least, we consign "victims of AIDS" to life beyond hope. The word *pitiful* takes on new life. Rare is a response like that of the schoolteacher who arranged special classroom work with a solitary pupil suffering from the malady.

In this chapter I investigate several faces of pity. One is lethal scorn, the stigma which discredits and excludes. Its ruthless path is traced in various responses to those called "lepers" in the Bible. Next to blindness, the handicap of leprosy is the most frequently mentioned disability in Scripture. An opposite side of pity, however, is the compassion which reaches out in love and support of victims and others on the margins of normal activities. Between these two polarities lies self-pity. At one time or another each type of emotion enters the lives of persons with disabilities.

The Making of a "Leper"

In modern times, leprosy exists in our minds only in legend or

in far away deserts, islands, and jungles beyond the reach of medical treatment. We picture a horribly deforming affliction, a highly contagious disease that causes toes, ears, and noses to fall off. Public reaction to sufferers with AIDS suggests what would transpire if ever "a leper" were discovered among us at a shopping mall or public school. Leprosy arouses a horror-movie fantasy of the worst thing that could happen to the body, the ultimate disability. Yet, there are between twelve and sixteen million cases of leprosy in the world today. The U.S. Public Health Service maintains a hospital-colony in Louisiana and outpatient clinics in New Orleans, San Francisco, San Pedro (California), and Staten Island, New York.¹ To understand this widely misunderstood disease and its effects is important for two reasons. First, society's treatment of people with leprosy is an extreme form of its treatment of other incapacitated persons. Second, the disease is common in Scripture, and familiar Bible stories may have played a part in the melancholy history of this plague.

The Hebrew word for leprosy, *sara' at*, has been translated "the one like a wasp sting." This concept of disease as a sting is basic in the Hebraic view of disease and affliction. (Current opinion sets forth "a repulsive, scaly skin disease" to translate the ancient *sara' at*. This diagnosis of leprosy implies the more familiar symptoms brought on by psoriasis, ringworm, and herpes.²) Stings happen when we least expect them. Without warning a bee stings and leaves a painful welt. Police conduct sting operations. If they are not careful, entrepreneurs may get "stung" in a business deal. In each of these situations an unexpected outside force hits or attacks. Even though people today have a more accurate understanding of the causes of contagious disease, we still use some of the old imagery: we have been *hit* by a flu bug or have *caught* a cold.

Lacking the knowledge of modern medicine, the ancients looked beyond the physical body to another body—namely, their community and its health—for the cause of disease and affliction. Without the tools of technology to assist in making a diagnosis, without drugs or surgery for treatment, folk medicine focused instead on the sick person's social situation. No one in the community could overlook the shocking visible manifestations of skin

disease; someone or something must have been to blame. Either the afflicted individual or the community itself must have "sinned" to deserve such a penalty.³

Such a context shapes the texts that describe sickness in the Bible. In ancient days the children of Israel were battered and wounded by illness that came, they thought, from forces outside the body, and even from God. Isaiah's suffering Servant was stricken, "smitten by God" (53:4). When David was troubled by his sins he felt as though his body was "wast[ing] away" and that it was God who had laid a hand upon him (Ps. 32:3-4). Job cries, "... have pity on me, O you my friends, for the hand of God has touched me!" (19:21).

During the wilderness wandering of the Exodus, a priest decided whether or not a person suspected of having leprosy was fit to join religious worship (Lev. 13, 14). The priest was not expected to cure but rather to ensure his or her exclusion from the worship assembly and, beyond that, from the community itself: "... he is unclean; he shall dwell alone in a habitation outside the camp" (Lev. 13:46). The "camp" in Israel's journey to the land of promise was shaped by the priestly theology concerning the proper form of existence for a pure community. That priests also strictly regulated themselves as well is evident in Leviticus 21:16-24:

... no one who has a blemish shall draw near, a [person] blind or lame, or one who has a mutilated face or a limb too long, or a [person] who has an injured foot or an injured hand, or a hunchback, or a dwarf, or a [person] with a defect in his sight ... shall come near to offer the LORD's offerings by fire; since he has a blemish, he shall not come near ... that he may not profane my sanctuaries

Such judgment—so shocking to modern civil rights sensitivities—is understood better in the historical setting of the people of God. That God punished those who broke the ritualistic or moral law is evident in the Old Testament. Consider, for instance, the men struck blind (Gen. 19:11) for threatening Lot's house, and how Jehoram became disabled (2 Chron. 21:12-15). Sickness involved more than body and community; it also stood for the breach between God and humanity. Priests who became ill or suffered a

physical handicap were disqualified because their "sin" profaned the tabernacle's Holy Place.

Texts concerning such ritual guilt are not applied to other persons in the community. The priests—a tiny minority—were a special case. Yet if the body's perfection was symbolic of the soul's purity, then obviously a negative attitude toward the ordinary person with a disability in the community could follow. Perhaps the outward wholeness of the priest symbolized the faultlessness—or holiness—of God in heaven. In any event, disability was linked with religion; it was not a neutral circumstance or considered simply as "there." What this meant for the average Israelite is not pursued. But to say there was a negative attitude toward people with disabilities is an understatement. Those with symptoms of leprosy were not even tolerated in the camp. Imagine the terror, the separations within families, and the heartbreak that must have surrounded those who heard this ancient judgment sentence:

The leper who has the disease shall wear torn clothes and let the hair of his head hang loose, and he shall cover his upper lip and cry, "Unclean, unclean." He shall remain unclean as long as he has the disease; . . . he shall dwell alone in a habitation outside the camp. (Lev. 13:45–46)

When Miriam, sister of Moses, was stricken (Num. 12:9–16), her brother Aaron, recognizing the seriousness of the impending separation crisis, pleaded for Moses to intervene with the Lord: "Let her not be as one dead . . ." (vs. 12).

Did many sufferers recover and regain admission to the community? Certain passages imply that some might have, but records are scarce. Likely the reconciliation could, in some cases, come about as the result of a healing quarantine regimen for its chronic symptoms. For example, by the first century Simon "the leper" (evidently cleansed?) was able to host Jesus at his home (Mark 14:3, Matt. 26:6). Stories of Israel's royal court hint at medical segregation practices and indicate how those having the highest privileges complied with them. When leprosy appeared even in the house of the Lord, priests quickly expelled King Uzziah from the area. Banished, he lived in a place apart until the day of his death (2 Chron. 26:19–21). At the onset of leprosy Azariah—one of the

kings of Judah—was shut up in a special dwelling (the first hospital?) while his son conducted the affairs of state (2 Kings 15:1–7). The story of Naaman reveals how Gentile kings had also endured quarantines (2 Kings 5). Apparently folk medicine was used for therapy (vs. 11), but Naaman's eventual healing was a miraculous gift of Elisha, the man of God (vs. 14–15). As a result, Naaman turned to the Lord. In most cases, pitiless exclusion followed the onset of sickness. Second Kings chapter 7 tells how four unnamed people with leprosy, caught between the Syrian army and besieged Samaria, were instrumental in the discovery of the enemy retreat—evidently the exclusion practice was not absolute. What is more, these victims of the disease do not appear to have been much impaired from it; they were mobile and acted in a manner one would expect from anyone else, given a similar situation. But the narrative abruptly turns to other matters and no restoration of health or community for the four is hinted (2 Kings 7:3–10).

Bible texts never refer to leprosy as a type of sin; rather, its appearance comes by an act of God. When linked to healing, such events are considered miracles of divine grace. But the opposite is also true: for the avarice of Gehazi, Elisha inflicts the Syrian king's leprosy upon him (2 Kings 5:20–27). Such hostile and destructive reactions of God are not interpreted in a moral sense. The Bible ignores the question Why?

In the New Testament, Jesus returned to his home town of Nazareth and asserted God's mercy to the Syrian ruler Naaman as a foretaste of his own mercy and intention (Luke 4:16–30). Gentiles were also included in the forthcoming community of God's Kingdom, and the "cleansing" of those afflicted with leprosy was listed among the examples of Messianic ministry in response to the Baptist's question, "Are you he who is to come . . . ?" (Luke 7:20). On the way to Jerusalem, Jesus encountered ten "lepers" (Luke 17:11–19). That they "stood at a distance" suggests a quarantine banning them from worship and everyday affairs (vs. 12). By sending them on to the priests, he supports the Levitical tradition (vs. 14). But even before reaching their destination, all ten were cleansed; only one, the "foreigner" (a Samaritan), returned to give thanks. He had begun to awaken; a different kingdom was at hand

(Mark 1:14–15). Once more Jesus canceled both ethnic and national exclusiveness barriers to the kingdom of God. To him, neither Samaritans nor persons bearing the stigma of serious disability belonged “outside the camp.” In Matthew, the Twelve are sent forth to evangelize and “cleanse lepers” (10:8). That Jesus had little reluctance to associate with these AIDS-like outcasts is further indicated by his astonishing willingness even to touch a man “full of leprosy” (Luke 5:12–13).

We have seen that people in biblical days were not so much concerned with remedy as with safeguarding the integrity and wholeness of their environment for survival. Theirs was a public health and religious intention combined, but the body was not neglected. Prior to the rise of modern medicine the physical body was seen as symbolic of the citizenry itself. The skin was looked upon as its boundary. When disease “invaded” this frontier, it had, in a deeper sense, also struck the integrity of the entire community. When Jesus healed the “ten lepers,” he also reduced the stress they represented to the neighborhood. At the same time, he opened a new pathway, the good news of the “kingdom . . . at hand” (Mark 1:15). The idea of the skin as a “boundary” also underscored the “clean” and “unclean” dietary regulations the Teacher encountered. While the Pharisees were occupied with *hands* (unwashed, unclean) and the *mouth* (eating), Jesus added a new dimension, the *heart* (Mark 3:5; Matt. 6:21). This vital but unseen bodily part is as important as the most visible organ (the skin), because personal attitudes and intentions are crucial for receiving the Gospel.⁴

Marked by the disease of leprosy and labeled “leper,” individuals who haunt the edges of so many biblical narrations were dramatic representatives of those with other but more acceptable impairments—those who were blind, deaf, or lame. Since people with leprosy were feared and abhorred as threats to community survival, there was little subtlety to the attitude barrier confronting them. Examining this worst-case scenario of attitude barriers concerning leprosy can give insights to attitudes still active today, such as toward persons with AIDS, and can further the understanding of the meaning of “handicapped.”

Handicap Horrors

. . . he had no form or comeliness that we should look at him,
and no beauty that we should desire him.
He was despised and rejected by men;
a man of sorrows, . . .
and as one from whom men hide their faces
he was despised, and we esteemed him not.

(Isa. 53:2, 3)

Scholars call him the Servant but hold different views about his identity (see also Isa. 49:1-6; 50:4-11; 52:3-53:12). Is it the ideal Israel, a king, or perhaps a prophet? Christians point to the suffering Messiah (1 Peter 2:21-24). In any event, onlookers were torn between sympathy and revulsion. All would agree the Servant bore the handicap of rejection. I propose that the stigma of the Servant's original disability was symptoms of leprosy: fingerless hands, a collapsed nose, and ulcerated feet. His marks, awful enough in themselves, had become an abomination to his neighbors. I think of the Servant as the embodiment of the unspoken rejection of all the men and women in the Bible who suffered from this disease.

Society's banishment of leprosy sufferers continued into the Middle Ages and the modern world. Terror of the malady followed its spread throughout Europe. In the sixteenth century, thousands died of typhus and smallpox, but almost without public comment. Yet while leprosy affected only a small minority, the living death its victims exhibited aroused special horror. The prolonged and deforming effects on one's appearance—ulcerations involving the eyes, and the loss in some cases of fingers and toes—drew sympathy from citizens spared such evil; in Italy leprosy hospitals, built outside the walls of larger towns, provided care. Authorities took measures to prevent entry of persons or goods from plague areas into "clean" territories. Tensions arose between an emerging secular medical practice and the church, as religious officials reacted to epidemics by urging processions and other public acts of penitence from the faithful. At the same time a new class of health officials sought to ban any public assembly for fear of contagion.

Likely affected by biblical examples, the clergy arranged rituals of separation for the "threats" to community survival. At Amiens in France, the victim was required to stand in a grave while the priest threw three spadefuls of earth on his or her head. The third Lateran Council in 1179 banished fellow members of the Body of Christ to separate churches and burial places. It was common to regard leprosy as a punishment from God for sexual excess. And a new disease, syphilis, appeared to buttress the notion that disease was linked with sin. In fact, any epidemic illness was seen as an illustration of God's wrath. Biblical support for this view was found in the story of what the Philistines sustained after capturing the ark of God: "The hand of the LORD was heavy upon the people of Ashdod, and he terrified and afflicted them with tumors, both Ashdod and its territory" (1 Sam. 5:6).

During the Middle Ages, still another concept emerged. Already chosen by God for salvation, the one with the affliction of leprosy was said to be privileged, for he or she knew purgatory in this world as a guarantee of solace in the next. The Lazarus of Luke's parable became the patron saint of leprosy (16:19-25). Consider the priest's address in a ritual for isolating such individuals from contact with others:

My friend, it pleases our Lord that you should be infected with this disease, and our Lord gives you a great gift when he wishes to punish you for the evil you have done in this world. Wherefore have patience with your illness, for our Lord does not spurn you because of your disease, nor separate you from his company. But if you have patience you shall be saved, as was the leper who died before the house of Dives, and was taken directly into Paradise.⁵

One wonders if pity ever turned to envy at a rite of severance!

Leprosy Within

Having less we equate with poverty; *being* less belongs to the "disabled" because of self-pity and the pity of others. Reflect on some examples.

You could always count on Betty over at church, especially when it came to the kitchen. With sure hands and skills, she was in attendance for all the receptions. Before a program began, she

was invariably among those called forth to pose modestly for the plaudits of the diners. She was also a Sunday school teacher of long standing and sang in the choir. But things changed. When her arthritis began acting up, Betty "went downhill" fast. Those beautiful hands were no longer trustworthy and her pain was increasing. Her frustration mounted. Always having loved church activities, she missed taking her usual place. Even worse, family and friends had begun to help *her* out with routine chores. Of all things, Betty was a *receiver* of favors and kindness. Did the unfamiliar role make her realize how much friends from church really cared about her? Quite the contrary. Betty began thinking of herself as a nonproducer, a burden to others. Vulnerable and frightened about her health, Betty felt useless and guilty.

Ed was born and raised near the village church. A farmer all his life and a quiet man, he was not the type of person to stand in front of people to sing in the choir or to make a speech at a business session. Yet, if the church electricity or the plumbing went out or if snow needed removal, Ed was the man to summon. If he could not fix things himself he saw to it that someone else would. A stroke changed all this, and the congregation realized how much they had taken Ed for granted. But the shock was greater for him. One whole side of his body seemed to be gone; for the time being, just getting around the house was difficult enough, to say nothing of the church stairs. Worse, Ed—who was not that old—started thinking of what a nuisance he was. Nervous and awkward about the attention he was receiving, his irritability was a symptom of the question he had begun asking himself: how was all this going to work out, anyway? Ed was afraid.

The point is that any handicapping event or situation—be it leprosy, AIDS, arthritis, stroke, or whatever—can lower the spunk in anyone. Betty and Ed had loving and supportive families. Not everyone does. Without support—sometimes even with it—broken places can arise in the inner life of those with disabilities. Afraid and vaguely guilty, they wonder what people think. And since apparently nobody is ever completely willing to overlook or to forget the marks, they will *accept* put-downs from others.

Laura Wingfield, a character in *The Glass Menagerie*, a play by

Tennessee Williams, shows where such brokenness can lead. A childhood illness left her slightly crippled, with one leg shorter than the other and held in a brace. This damaged her self-image and she withdrew to an inner world, fragile of mind like a delicate piece in her glass collection. Amanda, Laura's mother, attempted in vain to summon her from defeat and isolation, while Tom, Laura's brother, sensed another level involved in her choice to withdraw:

Scene 2

Laura: [*In a tone of frightened apology*]
I'm—crippled!

Amanda: Nonsense! Laura, I've told you never, never to use that word. Why, you're not crippled, you just have a little defect—hardly noticeable even! When people have some slight disadvantage like that, they cultivate other things to make up for it . . .

Scene 5

Tom: [about Laura] . . . We don't even notice she's crippled any more.

Amanda: Don't say crippled! You know that I never allow that word to be used! . . .

Tom: Laura is very different from other girls . . . in the eyes of others—strangers—she's terribly shy and lives in a world of her own and those things make her seem a little peculiar to people outside the house.

Amanda: Don't say peculiar.

Tom: Face the facts. She is.

Amanda: In what way is she peculiar—may I ask?

Tom: [*Gently*] She lives in a world of her own—a world of—little glass ornaments, Mother . . .⁶

Laura was not given to self-pity. She had given up.

With Shakespeare's character Richard, in *King Richard the Third*, the opposite holds true. His physical disability makes him feel less than whole in his own mind; among other things, it prevents him from courting fair maidens like other men. Limping out upon the stage, he complains of having been

cheated of feature by dissembling nature,
Deform'd, unfinish'd, sent before my time
Into this breathing world scarce half made up,

And that so lamely and unfashionable
That dogs bark at me as I halt by them. . . .⁷

Richard's self-pity becomes murderous rage. Since nature has cheated him so, as king he will take revenge by hurling chaos into the lives of everyone around him. As the drama proceeds, we see his pitiless villainy unfold. The wicked activity seems to be a retaliation for the marks—mostly in his mind—of disability: unfinished, lame, and unfashionable.

Paul Brand, a missionary surgeon, worked in India among those suffering from leprosy. A student of the physical image of his clients in their social contexts, he cites a report wherein two plastic surgeons disclose findings of a survey involving 11,000 prison inmates guilty of murder, rape, and other serious crimes. Whereas sixty percent of these offenders carried correctable facial deformities (protruding ears, misshapen noses, receding chins, acne scars, birthmarks, eye deformities) only twenty percent of the population as a whole carried such marks. The physicians named their discovery the Quasimodo Complex after Victor Hugo's fictional character in *The Hunchback of Notre Dame*.⁸ Why the astonishing difference? If the self-image of the scarred ones was that they were "less than whole," and ugly besides, perhaps they decided (unconsciously?) to act "ugly"—their backlash to perpetual put-downs and despair.

Not everyone responds negatively to scars and put-downs. In the Bible, for example, Job rebels and David laments, but neither will give up (Job 13:15, Ps. 22). But it is never easy. Facing chronic disability tempts one to apply his or her own private "sin and get punished" doctrine: since disability is deserved, "it" has a "right" to be there and occupy a place in life. One must not, therefore, complain. To such a notion, Job screams his objections.

That Jesus also rejects the idea of affliction as punishment is plain in Luke 13. The suffering Galileans had not been "worse sinners" than all the other Galileans (vss. 2-3). Self-righteousness is an enemy common to all. "Unless you repent you will *all* likewise perish" (vs. 3, italics added).

The Apostle Paul had mixed feelings about his own disability:

And to keep me from being too elated by the abundance of revelations, a thorn was given me in the flesh, a messenger of Satan, to

harass me, to keep me from being too elated. Three times I besought the Lord about this, that it should leave me; but he said to me, "My grace is sufficient for you, for my power is made perfect in weakness." (2 Cor. 12:7-9)

This "thorn" was a bodily ailment which Paul admits was a trial for those to whom he preached (Gal. 4:12-14). Scholars have debated what the ailment might have been. Whatever else, according to J.B. Lightfoot, it would have to fit in with biographical data in the New Testament. These include: of a physical character, painful, permanent and recurring, handicapping for ministry, public, and humiliating. It could have been, he says, a speech defect, ophthalmia, epilepsy, or recurrent malarial fever.⁹ Luther suggested the inward spiritual temptations of depression and terror such as Jesus experienced in the Garden of Gethsemane.¹⁰ No single, compelling option satisfies.

A different approach to understanding Paul's disability is suggested in the remainder of the paragraph cited above:

I will all the more gladly boast of my weaknesses, that the power of Christ may rest upon me. For the sake of Christ, then, I am content with weaknesses, insults, hardships, persecutions, and calamities; for when I am weak, then I am strong. (2 Cor. 12:9-10)

Paul's work as a tentmaker may have helped him learn to be content with weaknesses and insults. Artisans of that time, a recent study reveals, knew about putting in a full day's work, and there was a stigma in being a tradesman. First, only persons of the lower class engaged in such slavish labors. Second, the long hours left no time for friends or for education to develop the soul. Finally, many trades were considered useless, beneficial only to those living in luxury.¹¹ As a tradesman, Paul faced an attitudinal barrier! But it was turned inside out by the gift of faith, for Paul could have said, "Look at it this way. In Christ, God does not feel sorry for me. So why should you?"

While the Apostle would continue to experience the power of the disability, it would have no ultimate claim upon him. He belonged to Christ and continued his ministry, for God was (and is) at war with its source (a messenger of Satan) and promised an ultimate victory over every barrier.¹² "God chose what is weak in

the world," he had written earlier to the Corinthians, "to shame the strong" (1 Cor. 1:27). Both weak and strong, together, belong in the church, the "body" of Christ. In fact, the "weaker" parts of the unity are indispensable (1 Cor. 12:22). Differences actually provide a standard of *normality*. Let me paraphrase the language of 1 Corinthians 12:29-30 in terms of the plurality of our physical capacities:

Is everyone a beauty contest winner? (No.) Are we all marathon runners? (Definitely not.) Can each of us excel on a musical instrument? (Not exactly.) Does every one of us hear well? (What?) Do we speak clearly and see with 20/20 vision, each one? (Where?)

Wholeness, however, does not mean sameness. Each person is called as a distinctive "living stone" (1 Peter 2:4) in God's spiritual house, the church, and is equipped as a saint "for the work of ministry, for building up the body of Christ" (Eph. 4:12). The only absolute is love (1 Cor. 13).

Pity Inside Out

And a leper came to [Jesus] beseeching him, and kneeling said to him, "If you will, you can make me clean." Moved with pity, he stretched out his hand and touched him, and said to him, "I will; be clean." And immediately the leprosy left him, and he was made clean. (Mark 1:40-42)

The pity of Jesus foiled the fear-filled pity that excluded and banished. He dared to touch blinded eyes and skin blemishes (Matt. 20:29-34). The writers of Matthew and Mark used a Greek word, *spagchnizomai*, akin to sympathy or empathy, but with an even deeper emotional tone. It means something like "it cuts me to the quick." It is a feeling strong enough to make us catch our breath, and it shapes the action of the Good Samaritan as well as the father's attitude toward the Prodigal Son (Luke 10:33; 15:20).¹³ The repulsive, "unclean" leprosy victims in Galilee made most people turn away. Instead, Jesus reached out to such persons. We can imagine the tender touch covering the blinded eyes of two anonymous men who had called to him on the Jericho road. There is a positive side to pity, and for centuries disciples of Jesus have tried to live it.

In *Bright Valley of Love*, Edna Hong relates the true story of an institution for people with epilepsy in Germany during World War II. Pastor Fritz von Bodelschwingh and his friends founded Bethel, near Bielefeld, a place even the most unwanted, unproductive people with disabilities could call home. When the Nazis began exterminating gypsies, disabled people, Jews, and other "useless" Germans to make way for the Super Race, Pastor Fritz went into action. He persuaded Karl Brandt, Hitler's personal physician, to put on hold the euthanasia plans for Bethel. This is Christlike pity.¹⁴

Homes, schools, and institutions in the church where those with disabilities receive special help, protection, and care exist today because finding Christ may terminate in actions of mercy and love. In their devotion to these fellow members of Christ's body, servants in institutions provide humbling examples of Christian love. Labors of the Mother Teresas among us are indispensable. Yet, in the long perspective, ministry to "the handicapped" can promote stereotypes, as the "able-bodied" condescend to the "weak," the "excusable non-achievers." Condolences can handicap.

The effects of pity—even positive and well-intentioned pity—are probed in a recent play by Bernard Pomerance. *The Elephant Man* is based upon the life of John Merrick, who lived in London in the late 1800s.¹⁵ After life as an attraction in traveling side shows, the deformed Merrick was eventually abandoned in London and rescued by a young physician, Frederick Treves, who had the "freak" admitted to a hospital for observation. When the newcomer's condition stabilized, a clergyman, Bishop Walsham How, and Treves became Merrick's acquaintances. Surprised at his intelligence and religious convictions, they helped widen his world. Soon they speculated whether visitors might look beyond the horrible disfigurements to the soul of Merrick. A nurse—hardened by missionary duty caring for people with leprosy in Africa—was the test case. She was prepared for the first encounter with pictures. But still it was too much. At the first glimpse of Merrick she screamed, "Oh my good God in heaven" and bolted out of the room. Happily, things were different with the actress Mrs. Kendal. She reached out to shake hands, and it was not long before others arrived to do the same. To be sure, they saw someone

“so bad off” as to cause shudders, but they also began to see something more: an urbane and witty fellow citizen of London.

The former “elephant man” side-show attraction prospered for a time, but nobody, including Treves, released him from the “special case” category. His dream of going beyond, of becoming more like everyone else, faded. In Scene 19, we see that Treves has begun to understand Merrick’s longing, when Treves tells Bishop How, “I conclude that we have polished him like a mirror, and shout hallelujah when he reflects us to the inch. I have grown sorry for it.”

But the bishop was satisfied with the situation, given the circumstances, and gauged their friend to be fortunate after all. Not so with Treves: “What you like, sir, is that he is so grateful for patrons, so greedy to be patronized, and no demands, no rights, no hopes He puts up with all of it.”

Charity did not transform Merrick into a person in his own right. While he was a celebrity of sorts, at the same time he remained an object of indulgence. Earlier, Treves had reflected upon a possible reason why: “. . . there is a deep superstition . . . they actually believe he somehow brought it on himself, this thing”

A pitiful condition and the blame for it belong together in the minds of some. Hatred lurks around that corner. For Jews of this century, Hitler’s “final solution” was the result of such hatred. Auschwitz now stands for the ultimate dehumanizing of others. A World War II Holocaust survivor recalled how soldiers forced him to disinter the bodies of thousands of Jews executed in Poland. “The Germans forbade us to use the words ‘corpses’ or ‘victims,’ but only *Figuren*, that is, puppets, dolls, or *Schmattes*—rags.”¹⁶ The Holocaust has proved that blaming, assigning guilt, and treating others with contempt eventually makes them seem less than human.

The association of sin with illness and disability in the Bible has been noted. In the fall in the Garden of Eden, physical, though not moral, evil proceeds from God, the ruler of the universe (Gen. 3:16–19). In traditional theology, the resulting judgment is a consequence of sin and an outcome affecting both nation and individual (see Gen. 38:7; Deut. 7:15; 2 Sam. 12:15; 2 Chron. 21:11–18). Still, the careful reader must recognize how such misfortune is not

simply vindictive punishment; it is *corrective* (see Hos. 1:6–7; 2:4; and Jon. 4:10–11 as examples). More important than such random examples of God's inflicting disease or lack of pity is the promise of mercy, health, and prosperity for the covenant people if they are faithful to him (Exod. 15:26).¹⁷ Jonah tried to dismiss the Lord's plan by running away. Moses attempted to evade God's will by offering his speech impediment as an excuse. It made little difference. God's plans go on.

"Who has made [a person's] mouth? Who makes [someone] dumb, or deaf, or seeing, or blind? Is it not I, the Lord? Now therefore go, and I will be with your mouth and teach you what you shall speak." (Exod. 4:11–12)

Faithfulness to the mission and the Sender are more important than understanding what it's all about.

Meanwhile, those who live with disabilities come to terms with the absence of "the miracle" (cure); God's grace, as Paul learned, is sufficient (2 Cor. 12:9). Hurts come from the ones who, instead of reaching out, condescend and patronize—the ones who are repulsed by the Merricks of the world and indifferent to the isolation of the Laura Wingfields. People can't help thoughts such as:

- Look what those parents have to put up with in that child! How glad I am our kids were born normal. Sure is sad, but let me out of their way!
- How does she do it? Not being able to get around and all. It must be hard, but what other choice is there? I'll try not to notice.
- Wow! Look what's happened to that guy. I guess I don't have it so bad after all.
- The old favorite: "There but for the grace of God go I."

But how many can go beyond, to greater awareness, to an understanding that God has not failed people with disabilities, nor is he punishing them. "As a father pities his children, so the Lord pities those who fear him. For he knows our frame; he remembers that we are dust" (Ps. 103:13–14).

How does it feel to be disabled? You are stopped in your tracks. Limited. Moods swing from self-pity (Why me?) to

courageous self-resolve. A few see the blank walls of despair. But you do not sit around all day muttering, "I'm crippled." Eventually, you adapt. Life as a "cripple"—a life of being different—is a personal trial, but most persons with disabilities take responsibility for it. Yet in a recent study of attitudes about being different, we learn that social barriers still loom higher than physical ones.¹⁸

I have argued the case for pity as one of the cruelest dimensions of brokenness. It was so for the "lepers" of the past and remains this way for "victims of AIDS" in our midst. Handicap horrors still thrive.

Avoided

My neighbors,
treat me with contempt;
Those who know me are afraid of me;
when they see me in the street, they run away.

Ps. 31:11, TEV

There was an awkward pause in the conversation at the guidance counselor's office. It ended abruptly when the teenager confessed, "My mom is in the state mental hospital."

When asked for an update on her family, a parent hesitated before saying, "And then there's our youngest. He has a mental problem."

The courage required for such admissions is similar to what it takes to stand before an Alcoholics Anonymous group and say for the first time, "I am an alcoholic." Why does a firsthand link with insanity make us uncomfortable? One explanation is the shame attached to any tie to someone marked as "crazy." After all, these crazy people are a menace to normal folks, goes the majority view. This view is constantly reinforced by newspaper headlines, such as "Ex-Mental Patient Gets 26 Years in Model's Death." TV defense attorneys defend accused persons with the familiar "innocent by reason of insanity" plea, and TV cops are forever tracking "psycho" killers. Another source for the discomfort is guilt, the unspoken conviction that parents must be responsible for failure to raise an acceptable child.

Mental illness is the disability least confronted in our society. Just as it treated people with leprosy in the Middle Ages, society now either rejects or locks up its mentally ill population.

Consequently, a new class of untouchables, made up of these often homeless citizens, is growing in every major city. The American Psychiatric Association reports this development as a major societal tragedy:

Hardly a section of the country, urban or rural, has escaped the ubiquitous presence of ragged, ill, and hallucinating human beings, wandering through our city streets, huddled in alleyways, or sleeping over vents.¹

"Society shuns the homeless mentally ill," comments Dr. John Talbott, "not only out of fear, but also out of failure."² To ignore or to whitewash this darker side of life in our bountiful land only contributes to its destructiveness.

Things Fall Apart

Harry has "flipped out" three times. A long-term manic-depressive (a condition that involves severe mood swings), he has spent time in three mental institutions. Now, supported by the regional psychiatric and counseling clinic, he more or less manages on his own in a small room in a dilapidated hotel. "There are rough times," reports his caseworker, "but he has stayed out of jail and the state hospital." Stresses and frustrations of everyday life can hit Harry harder than other people. At times, he is abrasive and irrational. Unkempt and foul smelling, he mumbles to himself at times and shouts at empty spaces. But mostly he is polite, gentle, and rather shy. The caseworker adds, "I can understand why people get frightened, but put me on a desert island with him any day." Still, out in public, Harry will need continued support to make the gradual transition to more independent living.

"Fear was the overwhelming feeling," recalled Pete (diagnosed as having paranoid schizophrenia). "People in the streets and faces on TV all threatened me. For weeks I never slept right." Emergency rooms, psychiatric wards, and the locked doors of a state hospital followed in the months of chaos.

Things fall apart; the centre cannot hold;
Mere anarchy is loosed upon the world,
The blood-dimmed tide is loosed, and everywhere

The ceremony of innocence is drowned.

William Butler Yeats ³

The two classifications alluded to above—manic depression and schizophrenia—are only part of the large scope of mental illness in the United States. While two million citizens suffer from one of these symptoms, thousands more endure other disorders of the mind, some requiring hospitalization.

Sharon is one of these; she graduated from high school with honors last June and college was in her plans. It was not to be. The onset of schizophrenia was sudden. She began to call out things like, "My heart has stopped. I'm growing into a giant. Can't you hear what I'm thinking?" The real world had faded away. A year later, her parents visit her, search her sedated eyes, and wonder if they will ever pick up the pieces of their shattered dreams.

The National Alliance for the Mentally Ill (NAMI) presents some startling statistics:

- Mental illness is the number one cause of hospital admissions in our nation—more than cancer, heart disease, diabetes, or arthritis.
- Americans spend a billion dollars each year on cancer research, but less than 200 million for research into the cause(s) of mental illness. Yet *nine times* as many are stricken with mental illness as with cancer.
- For each victim of AIDS, Congress allocates \$10,000 for research. Only \$14 per patient is being spent to unlock the mysteries of schizophrenia.
- The National Institute for Mental Health (NIMH) calculates the annual societal cost of mental illness (taking factors of treatment, social services, and lost productivity into account) as \$20 billion.⁴

Is not the conquest of such an illness actually the nation's most urgent unmet public health summons?

Madness and the Bible

We have seen how unusual physical characteristics or marks can "spoil" a person's public and inner identity. A study (supported

by the NIMH) adds other insights. In a role-playing situation, people were uncomfortable when confronted by a person whose leg had been amputated; they "didn't know what to say." People tended to be overly kind and considerate, thus creating an artificial situation. And when the experiment was undertaken with a mentally-ill-person simulation, it produced similar and even more pronounced reactions.⁵

With our Lord it was different. He sought out the marked ones and even ate with them. As a result he became discredited as their "friend" (Matt. 9:10, Mark 2:16, Luke 7:34). When we read of how epileptics and paralytics were brought to Jesus for healing (Matt. 4:24), most of us understand the diagnosis of the illness involved. And we can easily envision the astonishment of those who saw the evidence of the deaf man's recovery (Mark 7:35). But what about instances such as the episode in the Capernaum synagogue (Mark 1:21-28) when Jesus cast out the "unclean spirit"? Throughout the New Testament demonic spirits are regarded as sources of both physical and psychological infirmities (Matt. 12:28; Luke 11:20). Moreover, even though it was only a peripheral part of mainline Judaism, belief in demons was never rejected out of hand.⁶ A different approach to the biblical evidence of the affliction, so mysterious to us, is needed. Traditional African religion provides a direction.

To the Masai nomads of East Africa, Harry and Pete suffer from *pepo*, a Swahili word for "possessed." In religious matters, Africans take for granted the reality of an unseen spirit world. That a person may be entered or possessed by awesome spiritual beings or "demons" is a conviction found not only everywhere on this vast continent but also in other lands. Nature spirits are linked with powerful animals, especially the most dangerous. The spirit of *simba* (lion) for instance, may kill an infant. The spirits of *kifaru* (rhinoceros) or *tembo* (elephant), upon entering an individual, give their human host tremendous powers; if not restrained, the possessed one may destroy things. These animal spirits promote beastly behavior in humans, and a person possessed by such spirits has crossed the boundary between the human and animal worlds. Disembodied human spirits, the "living dead," are interdependent

with the living. If their deaths and burials are abnormal, they enter the other world disgruntled, resentful, and carrying their malice with them. Such spirits must be appeased.⁷ Fear takes over. The third chapter of Mark tells how Jesus' own friends and family became concerned about his sanity, as well as his safety, after he healed "unclean spirits" and people had concluded he was "beside himself" (Mark 3:11, 19-21). Similar instances are found in other texts.

On one of his festival visits to Jerusalem, those who argued with Jesus declared him possessed. "You have a demon!" they cried (John 7:20); this condition meant insanity to them. Later the gospel records that certain Jews dismissed his teaching as madness. "He has a demon, and he is mad; why listen to him?" (John 10:20).⁸ An acute case of possession is witnessed in another gospel. The man from the Gerasene country in Galilee appears to have had rhinoceroslike fury; not even chains could subdue him, and he lived apart among the tombs (Mark 5:1-20). This concept of possession is typical for Palestine at the time of Jesus, as the Palestinian Talmud records:

The characteristics of a madman:
whenever someone runs out at night,
whenever he sleeps overnight among the graves,
and whenever he destroys what one gives him.

The Gerasene, filled with "unclean spirits," was given over to their will and coerced into destructive reactions. Details of his symptoms parallel modern symptoms of mental disorder, namely, delirium and destructive fury.⁹

In the Old Testament, King Saul suffered from what now appears to have been a manic-depressive psychosis. The narrative discloses how, after God's spirit departed from the ruler (1 Sam. 16:14), Saul became fearful and "raved within his house" (18:10). Thereupon an "evil spirit from God" (16:16, 18:10, 19:9) took over. Music therapy was provided by young David (16:23) with healing effect. But David's popularity made Saul his enemy, and shortly after, David fled to seek asylum in Gath. Fearing King Achish, he feigned madness (1 Sam. 21:10-15) by putting marks on the doors of the gate ("drumming" on them, according to the *Jerusalem*

Bible) and by letting spittle run down his beard. Recognizing these symptoms as madness at once, the king dismissed David.

Some commentators have even suggested that the prophet Ezekiel's speech incapacities and symbolic acts (lying 390 days on his left side, 40 days on his right in order to bear the punishment for Israel's 390-year and Judah's 40-year guilt) were symptoms of a course of schizophrenia. Yet, given the nature of the entire text, such a diagnosis is difficult to sustain.¹⁰

Other illustrations of possession come from ancient Greece. Here the phenomenon was a strongly affirmed religious happening. Convinced of the possibility of divine origin for such behavior, Plato professed that madness represented insight beyond the capacities of the more sober. Divine raptures to the point of ecstasy were linked with the gods Bacchus and Pythia. The Greek word for madness, *mainomai* (source of the English *mania*), meant literally "to rage" or "be furious."¹¹ Homer used it to describe the fighting of a god or hero. The Hebrew Bible, translated into Greek, employs the word for a sin-punishment connection spoken by a prophet:

The days of punishment have come,
the days of recompense have come;
Israel shall know it.
The prophet is a fool,
the man of the spirit is mad . . .

(Hos. 9:7)

Long before, in the wilderness, Moses had bound the curse of madness to disobedience: "The LORD will smite you with . . . blindness and confusion of mind" (Deut. 28:28). During the Exile, Daniel pronounced the Lord's decree upon King Nebuchadnezzar: the coming madness will overtake him, and he will act like a beast (4:24-25).

In the New Testament, *mainomai* is found in John's Gospel (10:20) and also in Acts, when the governor of Caesarea used it in his response to Paul's speech: "Paul, you are mad; your great learning is turning you mad." (Acts 26:24). When an angel of the Lord set Peter free from prison during the persecution by King Herod Agrippa (12:1-17), the disciple returned to the frightened Christians who had been praying for him. The maid Rhoda recognized their

leader's voice and ran to tell the others. "You are *mainae*," they said (vs. 15). The deliverance went beyond what they had hoped for, even if God were involved.

Paul taught the faithful in Corinth about speaking in ecstatic tongues (1 Cor. 14). The bizarre possession experiences in the congregation, he said, were merely a single dimension of the congregation's spiritual capacities. They should be tempered by instruction so that all things would be done "decently and in order" (vs. 40). If everyone were possessed, outsiders and unbelievers, hearing them through doors and windows, would simply conclude Christians are mad (vs. 23) and not worth serious attention. By such activity the Christians would earn only rejection and scorn (see Acts 17:18, 32).

In 1947, Jack Kahn, a London physician, left general practice and began training in psychiatry. One patient assigned to him for psychotherapy told a story that prompted hazy recollections of the book of Job. Gradually the doctor began to see how the ancient text paralleled modern approaches to problems of mental illness. In his book *Job's Illness*, Kahn distinguishes three clinical syndromes in the account of Job's suffering: obsessional neurosis (16:15-17, 17:13-16), depression (3:20-21), and paranoia (10:13-17; 16:10-11). Kahn links each to an underlying psychopathology. But, he insists, Job achieves a more mature personality through all this. Kahn has succeeded in penetrating the barriers of ancient cultural differences to present Job as typical of anyone who has ever been tormented by symptoms of mental illness. And in this biblical setting hope emerges, not as something dependent upon a miraculous cure, but because Job himself was able to work toward healing. The "hopelessly insane" label did not apply, and it should not apply today either.¹²

We have seen how scattered references in the Bible can be tied to familiar psychological categories. But there is no satisfactory explanation for madness (or even sickness itself) in the Bible taken as a whole. The suffering inherent in these conditions is simply the lot of sinful humankind. Instead, the witness of Scripture goes beyond to the promise of new life from the Creator and to the example of Jesus who, by his power over every disease and infirmity, is the foretaste of its advent: But if it is

by the Spirit of God that I cast out demons, then the kingdom of God has come upon you (Matt. 12:28).

Ceremonies of Innocence

Persons disabled with mental illness are “dispossessed” in two ways. In a positive sense, many are cured because of the interventions of medical science and thereby released from destructive symptoms. In a negative sense, others—caught in the bind of inadequate treatment and housing—are wandering, hurting and homeless, in the midst of a rich, progressive nation. Let us look closer at each of these.

In New Testament times, Jesus both thwarted the designs of demons possessing their victims and cast them out (Mark 3:19–27; Matt. 12:22–37; Luke 11:14–23). In the exorcism stories, his power prevailed. But what about such power today? At the hospital psychiatric ward where someone’s chemical lithium deficiency is diagnosed and drug therapy begun, it seems that as if by magic the medical professionals have cast out the psychotic demons. Such episodes of restoration apparently have nothing to do with religion, to say nothing of divine punishment as the prior cause of illness. Moreover, at the frontiers of medical research are indications that even schizophrenic symptoms are biologically based and thus are comparable to diabetes or cancer. Many mental illnesses have predictable symptoms and can be successfully treated by medication and psychotherapy.¹³ When science clarifies illness in this area, fear and stigma are reduced. For some Christians, therefore, the demon possession language of the Gospels represents an embarrassing throwback to a superstitious, primitive culture. We are free to ignore it, they argue.

Other believers are uneasy about demystifying the Gospel exorcisms. They ask what the early disciples were really witnessing and trying to describe. Was it not evidence of powers they could neither understand nor control? Further, these Christians also perceive disorders on a different scale. The global spread of AIDS, terrorism, and the potential for nuclear disaster such as at Chernobyl also imperil life. Human strength and reason, unaided, seem paralyzed before such demons.

Both creation theology in the Old Testament (for example, see Gen. 1:28) and Jesus' proclamation of the kingdom of God anticipate defeat of the demons of chaos and evil. Whether one believes in demons or not, three out of five Americans choose to be active members of churches. They are a power with the potential to establish a more adequate distribution of medical care for those whose mental capacities prevent them from seeking justice themselves. According to one observer, the "front line of preventive and interventive mental health care in our society is the Church, the clergy, and the religious community."¹⁴

Expanding research and treatment strategies offer promising benefits and prospects. It is now possible to speak of "the *recovering* mentally ill" client or constituents. But the public remains, for the most part, unaware of and indifferent to this progress. To most people, those who are labeled *mentally ill* are people who have "gone off the deep end," who are "bonkers" or are crazy; these slovenly, slightly threatening, non-working vagabonds in public places are loony weirdos. Best keep away from them.

Apart from this extreme is a more subtle stigmatizing. Persons under treatment for mental illness or who have recovered may perform satisfactorily at the workplace. Yet co-workers who know of the history of mental illness may never feel comfortable with them. Suspensions surface; if a record of psychiatric treatment is revealed, it is difficult—given the media stereotyping—not to suspect another "explosion" at any time. The medical evidence, however, is otherwise: such individuals are much more likely to remain passive and wary of so-called normal people instead!

In a study of the history of madness, Michel Foucault recounts the horrible treatment of madmen in Europe from 1500 to 1800. The root of such treatment is a primal human fear: "The animality that rages in madness dispossesses [human beings] of what is specifically human in [them]" and, as a consequence, it establishes "[them] at the zero degree of [their] own nature[s]." Hence such persons were thought to be less than human rather than sick and were locked up.¹⁵ This attitude gave birth to the asylum. The attitude expressed in the hilarious, mock chivalrous antics of the "man from la Mancha," *Don Quixote*, was an exception to the prevailing view.

To a considerable degree, state mental hospitals today still serve more of a custodial than a treatment function. To Foucault, Western culture's search for a scapegoat has focused upon "lepers," criminals, and the insane because these unconventional citizens define social boundaries against which the rest of us determine normalcy. The 1962 comic and macabre novel (and subsequent film) *One Flew over the Cuckoo's Nest* was popular because we also detect such boundaries in our own experiences. The cuckoo motif is reminiscent of African ideas of animal spirit possession; the title links insanity with the subhuman world. In Ken Kesey's novel the nest is the ward of an Oregon mental hospital. Big Nurse Ratched exercises stern custodial care there until Randle McMurphy arrives. In prison, he had feigned insanity for the chance to serve time in the supposedly softer environment of a mental ward. First in fun, but soon in seriousness, he attempts to block Nurse Ratched's dehumanizing tyranny. One of the inmates is a long-mute Indian, Chief Bromden, who begins to talk and emerge from his fog of fear during McMurphy's war against the institution. McMurphy fails; he is treated with shock therapy and finally, a lobotomy reduces him to blank passivity. Bromden responds by smothering Ratched and escaping from the hospital.¹⁶

Kesey's fictional characters arouse sympathy for real people in a brutal institution. Yet, too many readers and viewers are unaware of the progress made since then. Today, in fact, many of those with the symptoms of Bromden and the others in the ward can and do recover to rejoin the "normal." Yet who, besides professionals, has ever heard of deinstitutionalization? According to NAMI, with adequate community-based training and support, eighty percent of former psychiatric patients are maintaining themselves in the community. How did this come about?

The year 1963 marked a dramatic change for the mental hospitals of our country. Against the background of positive results from new antipsychotic drug treatments, President John F. Kennedy called for the establishment of geographically defined community mental health centers across the land. Deinstitutionalization had begun. Inclusion of the term *health* in the name of these new centers was supposed to diminish negative public stereotyping suggested by its opposite, *illness*.¹⁷ Unfortunately, concerns for the

relatively healthy soon outweighed services to the severely and chronically ill. Public education and consultative services, plus services geared to those characterized by psychiatrist E. Fuller Torrey as the "worried well," got the attention.¹⁸ The primary mission to treat serious mental disorders has taken second place or been forgotten. In effect, this hides the plight of people who suffer from chronic mental incapacities and need help the most. Ignoring and denying problems spawns freedom from responsibility for them. Who has ultimate accountability for providing adequate treatment in today's mental health care system? It is difficult to say under the current structure. But it is easy to identify clients, the "destitute, afflicted, [and] ill-treated" (Heb. 11:37), caught in binds producing chaotic results.

The unstable, oftentimes confused and frightened patron, now set free from the asylum or state hospital, is asked to relate to a wobbly, politicized, undependably staffed, and underfunded series of institutions. There are the mental health centers (without hospital units), the department of social and health service offices (state and federal levels), local food banks, the housing authorities, rescue missions, and, usually at the bottom of the list (just before nights in the street or under a viaduct), the church shelters—provided room is available. It is enough to test the mettle of the most sane and healthy individual around! When they fail to connect effectively with this so-called system, clients literally find themselves out in the cold. First-aid treatment (usually without adequate diagnosis) is often limited to tranquilizers, to reduce their agitation and terror. Then, back out on the street, an all-night bus ride or an all-night eatery may be the only source of warmth.

One wonders what the public response would be to heart disease treatment if it were delivered in the same way. First, a politicized and fragmented system of national "cardiac health centers" would require those with this disease to present just cause (difficult to obtain!) for hospitalization if a "cardiac breakdown" had occurred. A cardiac episode that required hospitalization would mean "stabilization" and discharge in five to ten days unless the patient was ruled a criminal (having somehow wound up in jail overnight along the way) or had been admitted for "involuntary commitment." Meanwhile, at the "state cardiac hospitals" authentic

criminal patients would be housed on the same grounds as everyone else. And the hospital itself might be on an accreditation probationary status for understaffing or other inadequacies. After release from the hospital, patients would see a doctor at a center for perhaps fifteen minutes a month for "medication." It would be up to the patient to get to a center, even if that meant walking for miles.

Americans would respond to such health care for heart disease with a public outcry. Investigations, local and congressional, would boost the rocket of change. As in the AIDS situation, funding would appear. Citizens across the land would no longer tolerate such a national disgrace.

Now let us return from fancy to the reality of mental illness treatment. Those with financial means may consult psychiatrists privately and check in at private hospitals. Low-income citizens, however, have no recourse but the treatment described above. Unequal access to needed health care and second-class consideration has emerged for such "poorer elements" of society.

Life on Fast Forward

On a manic high, Harry is talkative and a bit agitated; he bolts from a room for no reason. Sitting through an entire movie or sports event is out of the question. Sleep disruption always makes it difficult for him to get started when he awakens. Nighttime alcohol abuse combined with daytime smoking and caffeine consumption set the pace. During a swing into depression, he slows down, remains silent, and avoids eye contact. He loses interest in being around people at all.

With symptoms of schizophrenia, Pete finds it increasingly difficult to concentrate; his thoughts jump from one association to another without making much sense. Then come the voices. Hallucinating, he hears others talking about and to him; they bid him do certain things. Whispers come from friends, or Satan. (Since many schizophrenics with paranoid symptoms are preoccupied with religion, "God" often speaks to them.) While the feeling that he is being watched, followed, persecuted, or controlled are delusions, the consciousness of these feelings is utterly real to

Pete. On the one hand, he asserts his grandiose identity as anyone from the pope to the president. On the other hand, he swings in the opposite direction: blunted in emotions, Pete is indifferent even in situations when others find joy or fright. He also becomes confused in any sense of self because his body feels too big or too small; some parts are numb while others are overly sensitive; he recoils from anyone's touch. Finely tuned drug therapy sometimes restores a fragile balance. How long it will last is difficult to predict. Lest we accept the stereotype that men are the only victims of such illness, consider a case study of another client of the system.

A thirty-eight-year-old woman, Stacy, has spent several lengthy sessions in state psychiatric hospitals. During these hospitalizations, she received several diagnoses, including schizophrenic and schizoaffective, but relatively little in the way of effective treatment.

The use of antipsychotic medications (haloperidol, for example) allowed her to be discharged from the hospital. For the past three years, she has lived in the community. Because her medications have several unpleasant side effects, she frequently stops taking them for weeks at a time.

Since her last discharge from the hospital, Stacy's housing situation has been precarious. The \$350 per month she gets in SSI (Supplemental Security Income) from Social Security benefits does not afford many options. For the past two years, she lived in rented one-room apartments in the decaying downtown area. Her first apartment building was torn down a year ago, and the building into which she then moved suffered a similar fate last fall.

Although social workers suggest a board-and-care (or congregate care) facility, Stacy refuses it. Instead, she spent much of last winter in church basements and other temporary shelters. Quite a few nights she did not find her way to a shelter in time and spent those nights on the street.

Mental health and social workers are concerned for her safety on the streets. Although Stacy is usually fairly well oriented, she ended up in the hospital twice with slight frostbite from her nights outside. The bank where she sometimes spends her nights (and frequently her days) wants "something done about it" since she is rather a nuisance, pestering customers around the cash machine for loans. She claims people are after her, and she needs to buy them off.

Professional caregivers recently suggested the state hospital again. But, knowing her civil rights, Stacy has adamantly refused; now she is more suspicious than ever of help or suggestions from them since she thinks someone will try to commit her there.¹⁹

Such is deinstitutionalization in practice. Government judiciaries and mental health centers have failed to provide an adequate alternative to hospitalization as was envisioned in 1963. Most individuals in Stacy's condition drift into a revolving door syndrome: from psychiatric ward to an apartment, to the street or a shelter, to a congregate care facility, back to the street or jail, then to the hospital once more.

In the courts, attorneys and judges plead, advise, decree, and then wash their hands of it all, even when hearings are held in psychiatric wards which offer their macabre touch to the failure of deinstitutionalization. At least, they reason, society has defended Stacy's civil rights. But given the *quality* of the life her civil liberties afford, ideology has replaced both compassion and common sense. On the Western frontier people died "with their boots on"; today, people die with their civil rights on. I advocate a change: instead of the criterion "danger to oneself or others"—clear evidence of which is impossible to obtain—for involuntary hospitalization, make it "unable to care for oneself." The second standard is easily proven. Ask any sibling or parent. In so many cases, the seventy-two-hour involuntary commitment time is not sufficient for stabilization. Imagine an exhausted parent coming to visit and being told his hallucinating son was released ten minutes before to hitchhike home. The son had simply demanded and received release after the seventy-two-hour involuntary treatment limit. Requiring a periodic legal review (thirty to ninety days) would control the "putting someone away" threat. Clients and their families have borne the burden of deinstitutionalization for too long.

Many of the mentally ill finally return to the shelter of their families. For such family caregivers, it means duty 168 hours a week with no vacation. Stresses become overwhelming. Normal routines are impossible when someone sleeps during the day and walks about the house at night. Until parents become "system wise," involvement with the mental health system in our country is

like dancing with an elephant. While waltzing to the music of evasion and confusion ("we don't handle that here"), they see the body and spirit of a son or daughter crumble. When things fall apart, members of any family lose their innocence about the sufferings produced by these sometimes intractable, baffling disorders. They are bombarded with demands for rescue: Can you front me some money? Will I have to go to jail? Episodes generate an atmosphere of crisis and chaos. Caught between the emergency needs of the sick person and the bewildering and elusive services available through public agencies, the family eventually acts as its own doctor, nurse, and social worker. Churches recoil in fear and ignorance. Society, for the most part, ignores the dilemmas faced by the impromptu caretakers and lets them sink in the stalemate. Marriages break up, other family members flee from it all, and old friends drop away. Brokenness is the word for this suffering.

Meanwhile, the public care system drifts; responsibilities shared among overlapping agencies become responsibilities denied by everybody. Clients pay the price. Tracking the long-term effects of medication is neglected. Moreover, it is as if mental illness does not occur on weekends, the "warehouse" days of understaffed and underfunded programs designed as community care in place of the former asylum. In addition, "respectable" citizens block efforts to place various nursing and boarding homes in their neighborhoods; congregate care centers are placed in industrial areas, wasted cities, or secluded countryside locations. Little wonder inmates are so lonely and bored. The isolation limits ordinary social contacts, and visits by family caregivers are less frequent.

It is not my intention to minimize the difficulties faced by mental health professionals in advancing therapy strategies for the Harrys, Petes, and Stacys of our world. Diagnostic tools are not yet precise. In cases where substance abuse is involved, victims appeal to the system for rescue from the effects of illicit drugs upon the mind; afterward, however, they stoutly resist further treatment. By such behavior, some circumnavigate the path to recovery and enter their own revolving door.

Yet the previous claim about the front-line of preventive and interventive mental health care in our country is true. The church, clergy, and congregation have the potential to make compassion

the driving force and never to give up on "zero level" neighbors. But many choose the more comfortable way, and protect themselves from seeing the shadows of persons with serious disabilities, especially mental illness. We need to sharpen our vision and prepare for some risk taking in order to love such neighbors as ourselves. This requires another look at the stigmas of the past. The religious community can also acknowledge that "crazy" people make the rest of us uneasy. Exaggerated media coverage exacerbates this fear. But love looks beyond stigma. Love sees failure and disappointment not as a measure of anyone's worth but rather as an opportunity for a fresh start. "We've learned that if we have the will to provide decent care for schizophrenics," reports Dr. John Talbott, a former president of the American Psychiatric Association, "their condition could be sharply improved."²⁰

People with severe disorders require expert professional help. The gray areas of treatment involve those who, with medication and counseling, barely function on the margins of institutional care. They especially need the tolerance and the support of their community. Church members could help by advocating better care facilities; they could also volunteer for service on committees formed in their local mental health centers. Some congregations might experiment with weekend "drop-in" centers staffed by volunteers working in cooperation with mental health professionals. Others could help employ part-time mentally-ill workers for janitorial or grounds-keeping work as recommended by appropriate agencies. Adult study groups could study mental illness subjects and invite qualified speakers to educate them further.

Anthropologist and Christian missionary Aylward Shorter cites the African village as a place where such tolerance and support actually happen. It isn't ideal: if those with mental disorders are violent, they may suffer beatings. But they are also given a place, even a social role, in the community. Since they are thought to be in contact with the world of spirits, they are thought able to reveal divine messages. Shorter suggests that a similar role was played by biblical prophets. They became living paradoxes, even professional misfits, by drawing attention to their message.²¹

In our society, we feel amused or embarrassed by a person with any mild mental disorder that causes odd mannerisms and

speech. We are uncertain what to do or say. Perhaps we are even fearful that the person might blurt out a disagreeable truth—as the child did in *The Emperor's New Clothes*—when everyone else is too polite to do so. But no matter what emotions and fears each of us brings to this subject, one path is open to all: learning. Education confronts stereotyping and prejudice head on, so that treatment and healing can begin. Here is a lesson plan to combat stigma:

**FEARFUL ONES,
CAUGHT UP IN STEREOTYPES, SAY:**

Nervous breakdowns are a cop-out
and a sign of a weak personality.

Mentally ill persons are dangerous.

It's up to the state to take care of
"those people."

**SENSITIVE ONES,
AWARE OF STEREOTYPES, SAY:**

Chemical imbalances of the brain
can produce symptoms of psychoses.

The vast majority of mentally ill persons
are passive and often seek solitude.

Mental health professionals are eager
for volunteer efforts from synagogues,
churches, and individuals.

Let's beware of our own lack of insight. Keep the following ideas in mind:

- When persons with mental illness *believe delusions*,
we need to *ignore, refuse to argue*.
- When persons with mental illness *have low self-esteem or lack motivation*,
we need to *stay optimistic*.
- When persons with mental illness *become easily agitated*,
we need to *anticipate and allow escape*.
- When persons with mental illness *are overstimulated*,
we need to *limit contact, not force discussion*.
- When persons with mental illness *are evasive*,
we need to *avoid asking questions, such as "What do you do for a living?"*
- When persons with mental illness *have little gratitude for our efforts*,
we need to *recognize this as a symptom of the illness*.

I have described a sorely disadvantaged group in our society and the symptoms of the illness which make them so unacceptable

to the rest of us. We have learned that, beyond faith, hope, and love, no "biblical answer" exists. But I have argued that the rejection and the injustice afforded this underserved population need not be so in church and temple. Closely related are those with mental retardation and their families. "Only as Christians refuse to avoid the existence and care of the retarded," writes Stanley Hauerwas, "will men realize faith makes a difference."²² The same is true in the case of mental illness. The question is not "What can we do?" It is "Do believers not have an unavoidable communal relationship with those suffering from the symptoms of retardation and mental illness, whether we like it or not?" My answer is yes, and I am convinced that for those who learn to appreciate and love these strangers among us the kingdom of God has moved nearer.

Part Two

Transforming Brokenness

Fellowship

... within God's house we walked in fellowship.

Ps. 55:14

... but if we walk in the light, as he is in the light,
we have fellowship with one another

1 John 1:7

The first part of this book was filled with tough times and tough people: crippled, marked, pitied, and avoided—debris on the landscape of brokenness. Yet Jesus included “the maimed, the lame, [and] the blind” in his teaching (Luke 14:13). While the Gospels announce his healing presence among such persons, they also challenge everyone to look beyond bodily suffering. Separation from God's love, not illness and death, is the ultimate evil! Well-being is something wider than the possession of good health; it is trusting the good news. The nature of the transcendence involved, particularly for those with disabilities and their loved ones, is the focus of part 2.

Instead of examining broken places, we now seek out reservoirs of strength, supporting attitudes, and ways to lower barriers. For brokenness is not the last word. We have seen the courage of the ones who, like the biblical heroes of old, have “won strength out of weakness” (Heb. 11:34); let us now try to understand how such transformation takes place. We know that the barriers are formidable. In Ward Six in the children's hospital, Michael's silent despair was worse than any scar on his face. Stacy was a walking showcase for the discrimination inflicted upon those with mental disorders. And just as people with leprosy in the Middle Ages

could have done, today's victims of AIDS can supply anyone with an up-to-date interpretation of the words *shame* and *scorn*.

Such heartaches are too big for any one of us. The scale of brokenness contributes to a sense of being overwhelmed by it. Safe in their homes, jobs, and recreational activities, people withdraw from brokenness and condemn themselves to the guilt of unresolved pity.

Yet brokenness need not overwhelm; a caring response in the power of God's Spirit is possible. Seeds of change are already planted in the instinct for compassion. Most people do want to help, and as individuals we can do much; by developing coherent policies together we can do more.

Happenings

It is time to stop wringing our hands and turning aside from those with serious disabilities among us. No easy guidelines mark our way. But two basic resources are crucial for any progress: the bonds of community and fellowship of believers.

Sharing the blessings of Christ and having things in common is the basis of Christian fellowship. One example of such fellowship is found in the way the Hebrew word for "blessing" is connected to the idea of community and the term *pool of water*. Richard Hanson explains that, in plural form, *blessing* and *pool of water* are identical in Hebrew; each springs from a root word meaning "to kneel." To drink water in desert places you knelt, with others, to share the pool of blessing.¹

From my experience in Africa comes another example. Following services in the modest church on the edge of the Serengeti plains, we were led into tiny anteroom. A table, with a single wooden bowl filled with rice and bits of meat, was set. An elder gave thanks and circled around with a teapot, washing each person's fingers. We then shared from the bowl: black and white, American and African, citizens of a "developed" nation and those from a less-than-developed country, yet one in the risen Lord. It happened there; it could happen in other places.

Another example shows that people in our culture can also experience a similar fellowship.

"Now what," muttered Erik as he braked for the line-up of

cars. The day's skiing was over. The young engineer and his wife, Jill, were ready to travel down the mountain and start another week. A cluster of figures came walking up alongside the stalled traffic.

"What's going on?"

"At least no one was killed, they say."

"What do you mean?"

"An avalanche, a real big one this time. The road is entirely blocked."

"So when do we get through?"

By this time, twenty cars and a bus had pulled up. They were on the outskirts of a village, which consisted of only a tavern, a grocery store, a gas station, and a few other scattered buildings. From a phone booth, someone yelled, "It will take *days* for the plows to get through!"

"What? . . . Are you kidding?"

Stranded. And the sun was setting fast.

In the crowded store, the grocer, Ben, called for everyone's attention. "I guess you all realize there are no facilities back up the mountain. You'll have to stay here. Don't worry. We'll figure it out."

June, Ben's wife, had good news. "There's a summer church camp just two miles north," she reported. And the caretaker couple was there.

"Will they take us?"

"Of course!"

A common cause came to life. All talking at the same time, Erik and Jill began to blurt out ideas with Ben and June and the rest.

Up the road, the camp doors opened wide. Extra bunks and mattresses appeared from nowhere. Fires began to crackle in the stoves. Two hours later, thirty of the marooned skiers sat around a blazing log fire: introductions and details about work, neighborhoods, and family filled the conversations. Fellowship at its best.

We've all heard of situations such as this one, in which people in an emergency situation rise to the occasion so well. But why does it happen so seldom in daily, ordinary living, and why is it absent so often even in Christian circles? Anthropologist Victor Turner uses *communitas* to designate happenings that occur outside accustomed structures of society. Although the informal new

community of villager and city skier disappeared with the sounds of snow plows, at least it provided a different vision of what living with others could be like. Unstructured, they got along on the basis of equality and respect for others.²

That people long for such Christian fellowship was shown in a recent survey, which attempted to measure worldwide religious trends. Religion, it was found, is most important among people of sub-Saharan Africa and Latin America. The relatively low level of involvement in Western Europe was due largely to the number of respondents who said churches do not provide help with their spiritual needs. The evidence from North America confirmed a similar drift. The investigators summarized the feedback as a twofold search for spiritual depth and more meaningful relationships. "Organized religion" frequently is blamed for the problems. Yet the primary and most significant organization for most of us is the local congregation. The potential for *communitas* relationships is perhaps strongest in circles we take for granted. The critics of organized religion would profit from more intentional efforts to test this potential before giving up on the church.³

The results of the religious trends survey would come as no surprise to Africans. Joseph F. Safari, sociologist of the University of Dar es Salaam, reported his comparison of a sampling of perceived basic human needs in Europe and in Africa. For Europeans, the basic requirements were first food, then clothing, and finally shelter. For Africans, the needs were first food, then *social life*, followed by the rest.⁴

"Social life," to Africans, means the security of a village and unity in revered traditions. For the stranded skiers, its expression was spontaneous. The challenges of the moment did away with everyday roles and traditions. People helped where they could and cooperated on a first-name basis. Individual anxiety disappeared in seeking the welfare of others. It caught everybody by surprise. Had someone tried to organize things—perhaps by shouting, "Now for some fellowship!"—it would have come across as stilted and out of place. People would have balked. As it was, this experience will be remembered with joy by people in the group, in the village, and at the church camp for years to come. But gradually even the best

memories fade. Keeping those memories of practical examples of love to our neighbors is a continuing task for church members.

Not every quest for spiritual depth and more meaningful relationships occurs as spontaneously and smoothly—for Don it was much different. During chemotherapy for cancer one of his legs had been amputated and the teenager had lost his hair. Who has ever seen a bald teenager? (Bald heads and artificial limbs belong to older persons.) Don was depressed and felt isolated. But upon his transfer to a new medical unit he was shocked to meet his young roommates; two of them were also bald! And they, too, had had amputations. "I'm home," the youth declared. At last he could be comfortable with others who would understand the baldness and the inner shame he was too proud to talk about. "Home" meant the warmth of human fellowship. John Wilbur, a specialist in cancer treatment for teenagers, has detailed the crucial importance of body image to this age group. Most of these patients, he says, would choose amputation over loss of hair. Don had concluded the stigma of his bald head disqualified him from being accepted by others. They would not be willing to make contact with him on equal grounds. And the standards he had already incorporated from the wider society made him alive to his "failing." To make matters worse, Don himself believed, if only for moments, that he did indeed fall short of what he ought to have been.⁵

Finding one home may mean leaving another behind. Matthew grew up in a village on the Masai Plains of northern Tanzania. The youth loved the tempo of village life among his kin. There was also the European missionary school where English came easy for him and he re-read the few books stored in the single-room building which served as both church and school. Sometimes mysterious jet trails speared the skies, and nearly every week he saw a bus loaded with tourists on their way to the game parks. These were signs of a magical life beyond his boundaries. Matthew loved his family (meaning nearly everybody else in the village); he did not feel useless or unappreciated. But his curiosity and the way Rhamadi, an older schoolmate, had ventured out to a new life in Dar es Salaam, the capital, made him restless. To those who knew him best, it seemed bound to happen sooner or later: Matthew departed for the coast.

At first, life there was overwhelming; he could never have imagined the lights at night, the streets filled with people, and all the cassette players! Months went by and the youth found himself alone much of the time. His wages, he realized, would never enable him to fulfill a dream of having his own motorbike. And, adding to the gloom, the companions he managed to find preferred the tavern to the church. He felt alone and unwanted. At this stage Matthew was adrift with no place to call home.

Both Don and Matthew—different in so many ways—had the same unexpressed desire: a place to build a more purposeful life with others. People are pulled in opposite directions: they seek to become independent, for being dependent and a burden to others is taboo. At the same time, who wants to exist apart from family, friends, companions, associates, and neighbors?

Common Cause

Lisa was born with a disfiguring genetic disorder, neurofibromatosis. As was the case with Joseph Merrick, the “elephant man” of nineteenth-century London, this disease caused sagging tumors to camouflage her natural face. Children called to playmates, “Come and we’ll show you how ugly she is.” It was ghastly. Compassionate physicians searched for ways to give Lisa some measure of relief. Sixteen operations culminated in a radical eight-hour procedure. But a dramatic gesture of love occurred when Lisa’s head was being shaved for the surgery. Her sister Diane shaved her own head too!⁶ This action embraced Lisa’s pain and her hopes of a new life to come.

Partnership, such as between Jesus and the twelve disciples, is one meaning of *koinonia*, the New Testament word for fellowship. The term *common* is its root, and Greeks at the time used *koinonia* to define, in a legal sense, the joint ownership of property. Eventually the word took on other meanings. The community of those led by the beloved disciple (John 13:23; 20:2) of Jesus, for example, think of themselves as a communion of believers who—as somewhat opposed to those looking to Peter (Matt. 16:16–19) for authority—agree about Jesus and his significance for their lives. Another writer ties *koinonia* to the human mortality which Christ

shared with us.⁷ Since Christ has made himself our partner in human life, his followers are invited to share, side by side, in equal participation of his benefits.⁸ From such ultimate or cosmic notions let me turn to meanings derived from ordinary life.

For many today, fellowship means worship or singing in a choir. Others enjoy the easy conversation during coffee time between services or an evening spent with neighbors at a potluck supper.

Whatever the style of fellowship, one thing is too often the same about the gathering: those with disabilities aren't included. Because they apparently are thought of as being somehow "less," do they matter less to what makes for fellowship to begin with? Or do people assume that those with disabilities do not care about such occasions anyway? One thing is sure: if followers of Christ deliberately exclude these neighbors, they have simply lost sight of what the church *is* in the first place. If only the healthy and strong make up the New Testament people of God, why, then, did the Lord so often appeal to the poor and the powerless? Fellow believers with unusual ability and power are easy to appreciate: looking to the past, the abilities of individuals from Saint Augustine to C.S. Lewis have become God's blessing to all the rest of us. But Christ speaks clearly: "... some are last who will be first, and some are first who will be last" (Luke 13:30). A reversal of this sort is even suggested by the life of Jesus: the carpenter became the prophet whom God raised from the dead! Further, it was not the brilliant theologian Paul whom God chose to lead the Church; it was the blundering fisherman, Peter.

A contemporary exchange of expected roles occurred at meetings of a club of "super light" hang glider fliers. The common objective was achieving birdlike flight at dawn over nearby fields. One morning a nationally recognized pilot from out of state spoke about the latest safety procedures. All the club members hung on his words. This expert pilot was a fireman. And the first eager question he fielded came from a club member who was a brain surgeon. In this situation, rank and prestige were not important; what one added to the club's purpose and life was all that counted.

It can be like this in the church too. Christ has succeeded for *all* of us; there remain only the tasks for witnessing to this event as the New Testament writers urge us. This means that

All God's critters got a place in the choir,
Some sing low, some sing higher,
Some sing out loud on the telephone wires,
And some just clap their hands⁹

Another kind of witnessing can be a spur-of-the-moment inspiration. For instance, a youth with a mental disorder attended an informal "contemporary" worship service. Not able to control his emotions, he alternately wept and shouted praise. Even in this free worship atmosphere, many felt awkward and embarrassed by his display. Thereupon a woman simply walked over and hugged the young man. While the rest stood there, she embodied *communitas* and love.

The concept of fellowship, of common cause, was of such importance in the early church that outward signs of it, such as the "hand of fellowship" (Gal. 2:9), evolved. Other public activities, such as teaching, prayers, and the "breaking of bread" shaped the emerging community (Acts 2:42). One commentator suggests that the "fellowship" of this text was a spiritual term for group harmony; such life together attracted potential members.¹⁰ Raymond Brown describes the first-century fellowship of disciples who, in the struggles of their preliminary associations, eventually contributed the fourth Gospel and the letters of John to the New Testament. Despite this community's disputes with outsiders (the world, the Jews, and followers of John the Baptist), the unity and confidence among these Johannine Christians sprang from the *koinonia* or communion they shared together (1 John 1:3).¹¹ "Love one another" was the chief rule (John 13:34, 15:12). Above all else was their common vision of Jesus.

A practical result of that *koinonia* seems to have been the quickening of openness to strangers. The early Christians' biblical authority, the Old Testament, taught that kindness and generosity should be afforded to an outsider of a particular group (Lev. 19:10, 33-34; Deut. 14:29). Ezekiel even envisioned a time when strangers would be granted full citizenship and inheritance in the

land (Ezek. 47:22–23). Jesus emphasized welcoming them (Matt. 25:35), and Paul urged a congregation to practice hospitality (Rom. 12:13). Those who accepted the challenge would first have to cast aside their fear and reluctance to provide welcome, but then they could begin to treat the newcomer as a guest. The third phase in the biblical welcome to the outsider is especially important to those with disabilities: a guest may eventually become a partner in a common vision and cause.

In recent years, a startling public example of this openness occurred when all across our land Christians welcomed the refugees from Southeast Asia—the boat people—with open arms. Similar to refugees in their catastrophic life changes, some individuals with disabilities are also looking for hospitality in order to demonstrate, if nothing else, their equality. Their welcome is long overdue.

Taking Part

Hospitality and partnership must have been vital to the early disciples who met in homes of such leaders as Aquila and Priscilla in Ephesus, and Nympha in Laodicea (1 Cor. 16:19; Col. 4:15). These early Christian cells were broader in scope than the family life we are accustomed to, and they welcomed outsiders without immediate concern for status. New Testament language of belonging—*children of God, brother/sister, beloved*—suggests the establishment of close koinonia bonds (Acts 2:42; 1 John 1:3–7; 1 Cor. 1:9).¹² But what happened as time passed and the church grew? What happened to fellowship when brothers and sisters left these “family” houses for the busy streets outside?

Wayne Meeks suggests that a resocialization occurred as the early congregations evolved to a more or less structured format. Christians were expected not only to cherish members of their sect with the same care devoted to natural siblings, but they were to replace natural family ties with those of their new family of God created by conversion, ritual initiation (baptism), and the breaking of bread.¹³ And family members continually witnessed by inviting others into the community.

In *Life Together*, Dietrich Bonhoeffer describes a koinonia discipline important to promoting fellowship among able-bodied people

and those with disabilities. Judging others, meaning attempting to make them over in one's own image, would be prohibited. Think of another person, he writes, as a work of God. In sovereign freedom, the Lord creates new and unique individuals. Communal life, then, provides each individual a particular place and special opportunity to serve the whole. As a resistance leader Bonhoeffer was addressing a threatening political situation in Nazi Germany, and his "service to the whole" must be seen in this respect. Nevertheless in their life together every individual, including "the less," was vital to the life of the whole.

Thus the strong cannot exist without the weak in Bonhoeffer's koinonia model; any other arrangement that allows left-out or unemployed members to exist within it would not last. As far as is possible, then, all members must have a definite task to perform for the community so that no one, in an hour of doubt, need ever fear that he or she is useless.¹⁴ For people anywhere to consider those living with handicaps as useless or a drag upon the rest of society is one of the most damaging aspects of the attitude barrier confronting them today. "Life together" is not an impossible ideal; members of church and temple can demonstrate why this is so.

Unemployment is the greatest difference between people with disabilities and able-bodied people, according to a study by the International Center for the Disabled. That study found that only one in four persons with a disability works full-time. Two-thirds of those between the ages of sixteen and sixty-four are not in the labor force at all. No other demographic group under age sixty-five has such a proportion, not even young blacks. The study also found that those who worked were less likely to consider themselves disabled than the unemployed.¹⁵ Feeling useless breeds a low and crippling self-esteem.

Bruce J. Malina, in *Christian Origins and Cultural Anthropology: Practical Models for Biblical Interpretation*, explores the complex social interactions represented by the findings of such studies.¹⁶ When humans adapt to a given environment, their prized values, beliefs, and ideals hold them together. Within a given social group, various subdivisions are engaged in assorted "games." For instance, professional physicists and molecular biologists play the

"scientific community" game, in which the rules, the boundaries, and the means to score points are a mystery to most ordinary citizens. Only sensational reports about supernovae, neutrinos, or genes make the rest of us aware of their performances. In a different sort of contest, attorneys debate at length decisions handed down by courts. Most of us are not qualified to play here either. And other games go on all around us: a government agency has its arena, as does the weekend flying club. To make matters more confusing, some of us are able to slip back and forth between professional, club, and family life associations, and find ourselves involved in several "games" at once. If holding a meaningful job is likened to Malina's game analysis, the ICD survey exposes a reservoir of potential performers in the manifold activities of modern employment. Yet being left on the sidelines without ever being expected or invited to play happens too often in the case of persons with disabilities. Then on the weekends when the mostly silent prejudice against them results in separation from fellow members of the body of Christ (1 Cor. 12), the damage to its fellowship potential obscures what God intends the church to become.

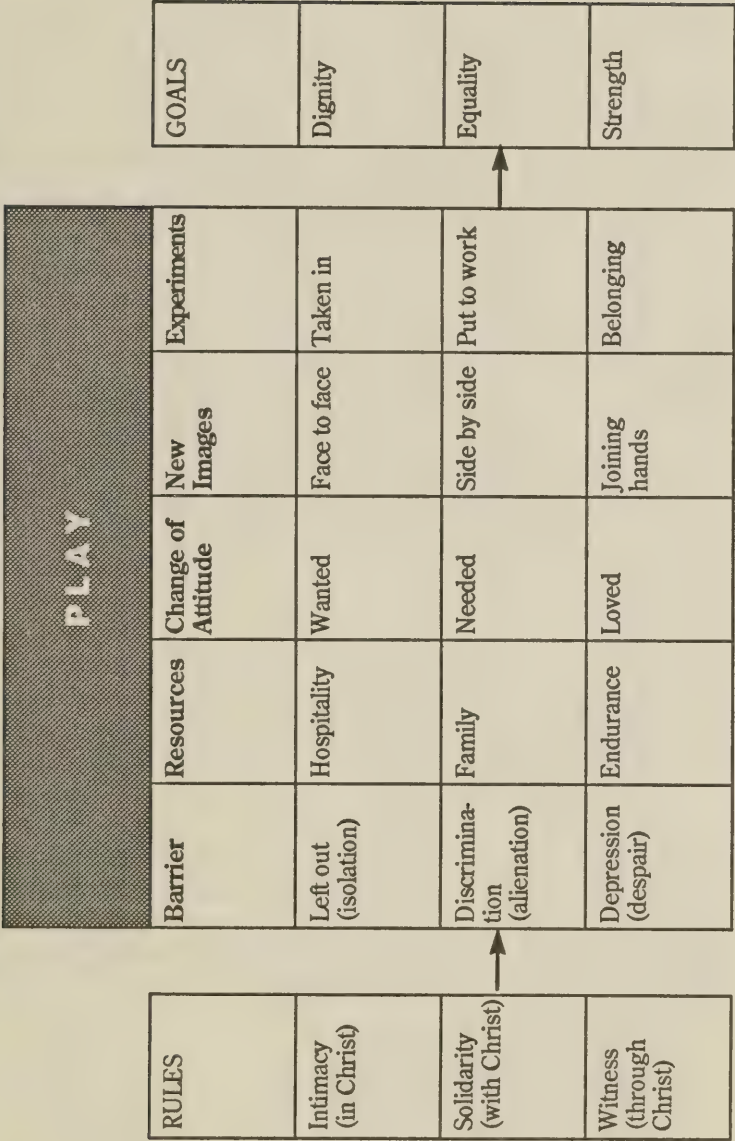
At its best, the church could resemble a freewheeling club or community game, played within the larger Bible and church context. "Rules" come from the writings of Paul. Believers "in" Christ (2 Cor. 5:17) are identified "with" Christ (Gal. 2:20). "Through" him is a call for witness to a new life more inclusive of those living in handicapping conditions (Rom. 5:21; 6:4). Game play is joined by

- confronting barriers
- recognizing resources
- risking change
- making innovative experiments
- striving for both short- and long-range objectives

Goals of our imaginary contest are the rewards of experiencing—even though sometimes tentatively and imperfectly—a reality of Christian love.

Figure 5-1 shows the dynamics. Follow the arrows from left to right:

Figure 5-1



The presence of those with severe disabilities among us is a token of the frailty of human life; their presence announces everyone's vulnerability. The Lord's invitation to discipleship addresses both our strengths and weaknesses, just as the Gospels depict his life in these terms. In contrast, our success-oriented society concentrates almost exclusively upon health, with fitness as the norm. While physical suffering and limitations represent enemies to be overcome, their effects do not call for pushing persons with long-term impairments to the edges of public awareness lest they intrude. They, too, belong in the game. Their lives can be O.K. after devastating setbacks and, in some cases, even better. When they play, everyone profits from learning how, in a sinful world, life itself is never intrinsically harmonious; we learn from each other that it is not necessarily "sick" to live in relative disharmony. Why not look at it this way: I'm not O.K., and you're not O.K. But that's O.K.!

Ignoring the equal status and varied gifts of God's grace to persons with disabilities implies a secondary worth. By hesitating to bring unpleasantness and possible disharmony out in the open, the church that turns its back gives an impression that it is too much of a bother to do so.

We sing:

Blest be the tie that binds
Our hearts in Christian love;
The fellowship of kindred minds
Is like to that above.
We share our mutual woes,
Our mutual burdens bear . . .¹⁷

Do we? Of course nobody fully bears the woes and burdens of others; only Christ does. But we can at least open ourselves more to the burdens borne by the Lisas and Dianes around us. Countless Christians have been blessed by another long-favored hymn, but take a second look at the familiar stanzas:

Just as I am, without one plea,
But that thy Blood was shed for me,
And that thou bidd'st me come to thee,
O Lamb of God, I come, I come.

Just as I am, poor, wretched, blind;
Sight, riches, healing of the mind,
Yea, all I need, in thee to find,
O Lamb of God, I come, I come.¹⁸

That Jesus cited blindness to parallel the condition of those who refused his claims is apparent in the New Testament record; yet is it necessary that we continue to use the illustration at the expense of a primary command to love others (John 9:13-34)? Is it necessary to associate poverty and wretchedness with blindness? Many of us are acquainted with someone who is blind and is scarcely poor or wretched! How about using the words *selfishness* or *stubbornness* in place of *blindness*? "Healing of the mind" is desirable, but we need the forgiveness of our sins even more. Why link mental disorder with the fall and its consequences? Why should a physical limit signify what is in fact a spiritual failure of all?

Consider again those ancient signs of Christian fellowship: one, holy, catholic, and apostolic. We saw in chapter 2 how public exposure of African adolescents initiated them to a different social position. In a similar practice, Christians are "taken in" by God's grace. Through the waters of baptism each of us crosses its threshold. God allows no qualifications of sex, race, or physical capacity to block the entry; equal in our status, each of us is counted upon for an anticipated benefit in God's universal family, the church catholic. Grace embraces those without speech, without order of mind, or without fullness of limb; love welcomes those without perception; it even enfolds the ones who only "clap their hands."

Encouragement

Let us hold fast the confession of our hope . . . and let us consider how to stir up one another to love and good works, not neglecting to meet together, as is the habit of some, but encouraging one another, and all the more as you see the Day drawing near.

Heb. 10:23-25

It was "50% Off Day" at the thrift shop. Holli brought her son Kirk along with her to look for bargains. Now in his early twenties, Kirk had a long history of drug abuse and mental illness. He enjoyed outings like this away from the halfway house. Today, though, the voices of paranoia were shrill and menacing. So while his mother looked for jeans, he stayed outside pacing on the sidewalk. Other customers watched the bearded and disheveled man tossing his head, gesturing, and smoking furiously. It looked like he was casing the place! Someone inside reached for the phone. Minutes later, a police car pulled up. By now Holli—unconcerned—was at the check-out counter. From long experience, she knew Kirk would soon retreat into a shell of passive silence. But sensing the distress of the check-out clerk, Holli nodded toward the front door and announced, "Oh, don't worry. He's my son. It's all right." Another woman, overhearing this, quickly sized up the situation. It was not Kirk, the customers, or the approaching policemen that she focused on. Leaning over to Holli, she said, "You're a good mother." The stranger had dared to "butt in," and her empathy produced an inspiring "word fitly spoken" (Prov. 25:11).

Support involves many things: a pat on the back, cheers at the stadium, and flowers in hospital rooms. At an awards ceremony or

at a graduation, it is praise out in the open and in public. But more often encouragement is informal, off the record, and in everyday situations. When we think of those who have encouraged us most, we often think of people whose influence was so quiet and friendly we weren't aware of it until years later. In the Greek, the New Testament used several words that are all translated into English as "encouragement."¹ Figure 6-1 displays these Greek words and the various contexts in which they "operate."

Figure 6-1

TEXTS	GREEK TERM	SITUATION	STATUS	ROLE	ENGLISH
1 Thess. 2:11, 5:14	<i>Paramytheomai</i>	Household, family	Helper, patron, parent	<ul style="list-style-type: none"> • To comfort, console, and enable • Someone to lean on 	Support
1 Thess. 5:11; Heb. 10:25; Phil. 2:1-2	<i>Parakaleo</i>	Secular activities	Teacher	<ul style="list-style-type: none"> • To nurture • Someone to trust 	Call to, exhort
Acts 18:27	<i>Protrepo</i>	Goal setting, mission, military combat	Officer, colleague	<ul style="list-style-type: none"> • To lead, coach • Someone to inspire 	Urge on
Rom. 1:12	<i>Symparakaleo</i>	Congregation	Instructor	<ul style="list-style-type: none"> • To share in group support • Mission 	Appeal together

These graphic distinctions are not absolute, because situations then and now are always fluid; status and roles come and go. Three images of encouragement called up by these Greek words—helper, teacher, and patron—are investigated further.

Helper

My wife, Alice, and I knew him as "Mzee," a Swahili title of

respect for anyone reaching the age of gray hairs. Introduced as a "househelper" (a highly respected profession, we learned), the slightly built, agile Tanzanian was available for the year we spent as teachers at the Makumira Theological College. Our compound was a cluster of buildings nestled in an East African tropical forest.

Father of five, Mzee also farmed nearby, growing coffee and bananas. He arrived on a bicycle shortly after dawn and worked half days at our small dwelling. He stood at the stove tending pots for boiling drinking water and washed dishes in the tiny kitchen. Mzee prepared delightful, varied dishes: entrees of bananas and meat in a gravy, and fresh pineapple concoctions. The staccato cut, cut, cut of knife against chopping block provided a special African accompaniment to familiar hymns he hummed while working. His recipes came from memory, for he could neither read nor write. Besides the cooking, he washed our clothes (by hand), scrubbed our floors, and managed our yard work with a tiny scythe. We communicated with him through our crude Swahili and by gestures.

Mzee was always available. He knew where to plant beans and when to harvest them. He dealt with the sudden appearance of sia-fu (fearsome marching ants) on the back porch, cobras in the garden, and bats under the roof. Malarial mosquitoes seemed about the only creatures beyond his control. When our watchdog collapsed with a bone in its throat, Mzee pushed us aside and removed the obstacle in seconds.

Mzee extended care far beyond professional responsibility. His greatest assistance, even beyond all these specifics, was his presence in threatening situations; his being there for us meant everything. Mzee was someone we could lean on. As followers of the same Lord, our lives had converged in an unforeseen way; profound racial, economic, and social barriers vanished. Further, our life together was based upon actions instead of words. We helped Mzee as well; we obtained badly needed new tires for his bike and found other ordinary and spontaneous occasions for help. We sustained more than healed each other, because we could not solve the threatening drought and he could not take away our loneliness or the language barriers. We befriended one another.

"Mzees" are at hand in every church. These unsung helpers are the bottom line of a church's life. Someone runs an errand or

makes a phone call; another checks on an isolated neighbor. Not everyone has to have a solo in the choir. Everyday matters of the congregation—handled by volunteer committees—get things done. Support, consolation, and the accomplishment of mission prospers in their wake. When specific tasks are urgent, calls go out for helpers. Members with disabilities should not be overlooked. They are too commonly considered to be the ones needing, rather than the ones doing. Instead, they can be *expected* to help.

“And God has appointed in the church first apostles, second prophets, third teachers, then . . . helpers . . .” (1 Cor. 12:28). While the “first, second, third” here implies a pyramid of status or importance, one recent investigation suggests an ambiguity in the context. Those at the top of the list (including the wealthy) probably enjoyed more prestige in this first-century congregation; yet when roles—such as speaking in tongues—implied a privileged status *before God*, Paul put a hold on such pride (1 Cor. 12); the ultimate role for all was love (1 Cor. 13). Helpers must have led the way in doing the less exciting things upon which the life of any group depends. Who were they? Mostly anonymous, perhaps they were men and women also known as deacons (1 Tim. 3:8–13; Rom. 16:1).

Corinthian Christians still represent the universal church.² As far as transforming the brokenness of human disability today is concerned, deacons among us emphasize a *process of caring* (see Figure 6-1) more than an end result of their help.³ They commit themselves to:

- making contact with members of the congregation and their families who live in handicapping conditions: trained to listen and befriend, they are resource persons for available professional services (Phil. 2:1–4)
- appeal to church officers for an accessible church building (Rom. 1:12)
- visit the director of Handicap Services at the nearest college or university campus for leadership (Acts 18:27)
- volunteer for respite support (1 Thess. 5:14) to family members, letting them have an evening out or day away, plus offering assistance in transportation

- promote feelings of self-worth and confidence in these neighbors (1 Thess. 5:11)

In these and other activities, deacons can also encourage continuing education for themselves and others. They will not try to "do it all," for they also appreciate the third-in-line role of 1 Corinthians 12:28. Sometimes the best helpers are teachers.

Teacher

Helen Keller overcame the loss of sight, hearing, and speech; she became an author and lecturer, and her achievements are celebrated still. It was her teacher, Anne Sullivan, who made it all happen. Of that climactic moment when Keller as a child felt water gushing from a pump and connected the sensation to the word symbols Sullivan had taught her, Keller was to write:

I knew then that "w-a-t-e-r" meant the wonderful cool something that was flowing over my hand. That living word awakened my soul, gave it light, hope, joy, set it free! . . . I left the well-house eager to learn. Everything had a name, and each name gave birth to a new thought.

Sullivan remembered the incident in a letter she wrote in 1887:

As the cold water gushed forth, . . . I spelled "w-a-t-e-r" in Helen's free hand . . . She dropped the mug and stood as one transfixed. A new light came into her face. . . . Then she dropped on the ground and asked for its name and pointed to the pump and the trellis, and suddenly turning round she asked for my name. I spelled "Teacher."⁴

After freeing her pupil's brilliant mind, Sullivan stayed on with Keller for nearly fifty years. Not many educators enter the life of a learner in such a dramatic way. Yet any devoted teacher will strive to open new viewpoints and build up a learner's self-confidence.

Jesus was a teacher. In Mark, for example, readers find him instructing in the synagogue, by the sea, and in the temple (1:21; 4:1; 11:17). The Master also taught through his actions and his life itself, in addition to the words he spoke. The Twelve, his companions, joined in the common tasks he set before them (1:17; 3:14-15).

When the time came to replace Judas, the academic criterion of a certified level of knowledge was not used. Rather, it was the test of having been along in the constant company of Jesus and the others (Acts 1:21–22). Having observed the “signs” of their leader (John 12:18), these followers had also observed his response to those with various disabilities. An example was the incident involving the roadside beggar, Bartimaeus, who was also blind. When the crowds attempted to prevent Bartimaeus from bothering the famous visitor to Jericho, Jesus stopped. He then called for the man, entered into conversation with him, granted a request, complimented his faith, and sent him on his way (Mark 10:46–52). It was a fellowship of give and take; the Teacher sometimes scolded students (Mark 10:41–44; Luke 9:54–55).

Jesus also gave the disciples a special learning session about receiving children (Matt. 18:1–6). Those of us with impairments are called to do the same when a curious child poses a bold question about our differences. Someone in a wheelchair may hear, “What’s the matter with him?” or “How does she use the bathroom?” Most of us do not mind responding to an honest question. Alert parents can take advantage of the moment to teach their children good manners and sensitivity. They could say, “I don’t know why he cannot walk, but isn’t it nice he has a chair with wheels to take him around?” Reprimanding a child in such a situation could leave an impression of something “nasty” about disability. As one might begin a conversation with any stranger, the parent might inquire, “Sir, my child would like to ask you a question. Do you mind?” Likely a valuable learning experience could then begin for all concerned. Perhaps adult questions like, “Is it contagious?” and “What about marriage?” would eventually arise in a natural fashion. Questions do not require perfect answers. Sometimes they teach us better to respect individual uniqueness and worth.

Jesus refused to play the role of exalted master for the disciples; therefore they became active allies, who were sent out themselves to “... preach ... cleanse lepers, cast out demons” (Matt. 10:5–8). By then, these comrades and friends were ready to imitate the Teacher’s example.⁵ This meant that as their mentor had not neglected persons with disabilities, neither would they. In the

temple after the day of Pentecost two of them, Peter and John, encountered a man lame from birth who was being carried forth to ask for alms at its Beautiful gate. When challenged by the lame man, the apostles produced no money. Instead, they gave what they had: power to enable the man to walk in the name of Christ and join them in God's praise (Acts 3:1-10). All present that day learned about a power greater than money.

The book of Acts casts a different light upon the teaching-learning topic. A fledgling evangelist named Apollos came to Ephesus. Although he had been "instructed in the way of the Lord," Priscilla and Aquila felt it necessary to expound the way more accurately for this recent convert from Judaism (18:25-26). Teachers are that way: as truth seekers, they urge students through doors of opportunity. They prompt, embolden, egg on, discipline, give confidence and (sometimes) praise.

Apollos had arrived in Ephesus with impressive abilities: he was eloquent, well versed in the Scriptures, and fervent in the Spirit. When he wished to cross the Aegean Sea to evangelize in Greece, "the brethren encouraged him" and helped him on his way (18:27). Power for mission flowed from the inspiration of group support and nurture.

Achieving understanding can inspire a learner to use hidden gifts and strength; afterward, the learner may become a teacher.⁶ From Helen Keller's world-renowned courage and intellect, multitudes found out how able one with a severe impairment can be. Yet too often the inclination is still to expect little—if anything at all—from "the disabled." This was the case of a reporter sent out to interview a woman who was nearly blind.

With a Master of Social Work degree, Sarah was employed in a social service agency. An eye disease that came soon after birth caused her vision to deteriorate gradually until she could barely sense light with one eye. "Someone once asked me if I would ever turn down a chance to regain my sight," Sarah told him.

"How did the question strike you?" the reporter asked.

"It was hypothetical, I realized, but perhaps you'd be surprised. . . ."

"What do you mean?"

"I can honestly say that at this stage of life I don't know if I would say yes to the question."

"How so?" he said, with keen attention.

"People tell me, 'Too bad you can't see.' I say, yes, it is. But I've lived with it for most of my life now. It's a part of me. So this happens to *be* me, and my life."

"And others can just take it or leave it?" he countered.

"Well, yes, I suppose. It used to be I was afraid of being different. But I *am* different. This isn't to frighten people or to turn them away. I'd just like them to understand me better, and I need to understand them better, too." Sarah described her independence, her enhanced hearing ability, the acceptance of her colleagues, and her professional ambition. "Of course, not everything is roses. I have my share of stresses like you do. And it's still hard for me to draw a line between a reasonable acceptance of help and damaging dependence."

"There's no magic formula, I guess."

"Right. But talking about it helps, especially with others who know blindness, sort of like the AA folks helping each other. And when sighted persons stop to listen, why, that's supportive too."

"Sarah," admired the reporter, "you're not exactly like a man I once saw many years ago, cup in hand, standing on the street corner."

The chat started a personal bridge building from two directions. Sarah met a sensitive and intelligent listener; the reporter began to identify a secret fear. Since he felt so powerless to change lamentable situations caused by disabilities in general, to right the wrong or take away pain, he had withdrawn as much as possible from any contact with people like Sarah. This encounter started to change his attitude: *strength*, after all, he realized, was the important thing about Sarah.

Sometimes a "little child shall lead them" (Isa. 11:6). Two years ago, Linda gave birth to Jason, diagnosed with the developmental disability Down's syndrome. "At first I was desperate for information," she remembered. "I felt sad, then guilty. I thought I'd let a lot of people down. It was tough to see my husband and parents cry." As months passed, the new mother watched helplessly as friends and relatives pretended Jason simply wasn't there.

It was different with their minister. He stopped by several times. His empathy was welcome, but nothing really changed until

he saw their isolation and referred them to the local mental health center. Linda met Martha there. Having gone through a similar experience seventeen years ago, Martha related how devastated she was at first; embarrassed, she even felt she had done something awful, something bad. But Martha had muddled through somehow: "No one except those who have gone through it knows what it is to feel so awful and hurt so much. Friends and family may care, but they cannot understand. . . ."

Martha began by just listening to Linda, which was what she needed most: "I was given hope and inspiration, not the gloom-and-doom bit. This was a realistic view of things. And for the first time I didn't have to put up a strong front. I could let myself go."

Martha's support group had started with a simple idea: any mother who had raised a developmentally disabled child could help another mother to cope with the challenges involved. It succeeded! Many families began to breathe easier because of the information and encouragement so freely given. Moreover, they eventually discovered "interchangeable" handicaps. Linda, for instance, discovered she could help the parents of a child with epilepsy. Today, she feels more confident about Jason's future and hers as well. Struggles of parenting will continue. There will be times when she feels depressed, even overwhelmed. Martha and others like her, however, are there to listen.

Those who have found strength to accept a disabling condition are not transformed into "holier than thou" saints; in theological terms, they continue to live as forgiven sinners like everyone else in church. Yet what they have undergone equips them to teach about coping with such demands for the first time. People can learn how to defy despair.

The support group "classroom" was not what the ancient writer of the letter to the Hebrews had in mind. But I have little doubt of the author's approval for the path of encouragement Martha and Linda took in finding a new way to "stir up one another to love and good works" (10:24).

Patron

Derived from the Latin *pater* (father), the word *patron* originated

in Roman society. The upper class in Rome, the patricians, were protectors or guardians of clients such as uprooted youths, refugees, and slaves. The early church had its patrons, as well.

While Paul was imprisoned in Rome he had become an unorthodox patron—he was, after all, no patrician—of the slave Onesimus. He wrote to Philemon, who was probably an authentic patrician of Colossae in Asia Minor, about his concerns for their “child” Onesimus. Evidently Philemon had already used his power and influence in a helpful way. Paul said he was confident that Philemon would now do “even more” (Philem. 21) than Paul asked: “Refresh my heart in Christ” (vs. 20). This was the prisoner’s reminder to Philemon of the benefit he was confident would come from their renewed fellowship.

Another New Testament patron was Stephanas, head of a broad “household” of that day, which could include slaves and hired workers as well as relatives (1 Cor. 1:11; Phil. 4:22; Rom. 16:10). Often the slave members of the group became Christian when their leader did so (Acts 16:25–34). Stephanas was such a leader (1 Cor. 1:16; 16:15–18). Both the financial benefactor and protector of his household, he was the kind of person Paul depended upon for the “acts of mercy” to favor the general welfare (Rom. 12:8). One researcher of the social history of first-century Christians suggests such persons became responsible for “presiding” over the congregation (1 Thess. 5:12).⁷ Yet, given the variety of the Spirit’s gifts, patronage can take many shapes (1 Cor. 12:4–11). An anonymous philanthropist, for example, might subsidize a badly needed elevator in a small congregation’s building as a spur to a more inclusive mission emphasis.

When Paul declared his desire to impart a spiritual gift to the congregation in Rome, he was confident that mutual encouragement (*symparakaleo*) would arise from their associations (Rom. 1:12). Paul recommended “sister Phoebe” to the congregation in Rome; she was a leader of the emerging Church, he said, and had been a helper (patron?) of Paul himself (Rom. 16:1–2).

In medieval times, Europeans counted on their patron saints. Artists and writers sought out wealthy or influential patrons. Today’s telethons feature celebrity patrons who rally others to fight the causes of various disabling conditions. Patrons also

include organizations such as the NOD that lobby for "disabled rights," or corporations such as Mobil that sponsor ads for the same purpose in major weekly newsmagazines.

Despite its favorable undertone, the word *patron* carries disagreeable colorings. Political patronage on behalf of incompetent office-seekers is an example. A patron can all too easily adopt an attitude of superiority or condescension; people with the more visible physical impairments will recognize this.

Ryan was born with cerebral palsy. All his extremities are affected; muscles are tense and require great energy to control. He uses a wheelchair and one senses extraordinary determination when he is around. He requests no special consideration. He works full-time as a high school teacher and recently enrolled in an evening graduate program in special education. He drives to the university in a specially equipped car.

One evening, Ryan experienced both the favorable and the unfavorable sides of patronization when he went to a restaurant with several friends. With his elbows firmly placed on the table, Ryan maneuvered food to his mouth without spilling too much. None the less, the *maitre d'hôtel* became uncomfortable; his actions and attitude reflected mounting disapproval and aversion. A public crisis was imminent.

Just then this headwaiter was summoned by another diner, a TV celebrity. He announced that Ryan caused no offense either to him or to his party and said, "I'd like them to be my guests this evening."

"And shall I identify you?" asked the headwaiter.

"By all means. And I'd like, if possible, to chat after a bit."

Perhaps both the celebrity and the waiter were now patronizing Ryan. A haze of double meanings and implications clouds encounters like this one. Yet, for good or ill, at least the celebrity had joined caring with the risk of taking action.

The identity and support of patrons may also take surprising turns. Away from home on a business trip, a man felt another "heart episode" on its way. He reached his son, a cardiologist, on the phone. But instead of expert advice on the other end of the line there was, "Hang in there, Dad!" The physician patronized his father's courage and will to live before advising first aid and referrals.

The story of Andy's disability began at his birth. To Andy's father, a young minister, the obstetrician muttered, "We'll have to talk." It was a brief and shocking monologue. The newborn child, he said, would require lifelong institutional care. After a stunned silence, the physician's well-intentioned advice was turned aside. The parents decided to take their son home. The weeks, months, and years of learning to live with a special member of the family, one with a "DD" (developmental disability), had begun.

As a teenager, Andy attended worship services regularly. Seated in the back pew, he met his father at the end of the recessional with hand extended: "You did a good job!" he loudly and proudly proclaimed. It was exactly the same every Sunday.

"That sort of does something to you after awhile," mused the minister. He had come to look forward to the boost from a steady ally and patron.

Encouragement goes both ways, *to* and *from* people with disabilities. Scars and wounds are not, after all, automatic equivalents of weakness and uselessness. We may discover a bonus along the way: friendship.

FRIENDS OF THE HANDICAPPED

- Blessed are you who take the time to listen to difficult speech, for you help me to know that if I persevere I can be understood.

- Blessed are you who never bid me to "hurry up" and take my tasks from me and do them for me, for often I need time rather than help.

- Blessed are you who stand beside me as I enter new and untried ventures, for my failures will be outweighed by the times I surprise myself and you.

- Blessed are you who ask for my help, for my greatest need is to be needed.

- Blessed are you who understand that it is difficult for me to put my thoughts into words.

- Blessed are you who with a smile encourage me to try once more.

- Blessed are you who never remind me that today I asked the same question two times . . . or more.

• Blessed are you who respect me and love me as I am—just as I am, and not like you wish I were.⁸

Even while in prison and in danger of death Paul was at peace when he wrote to his friends in Philippi. He rejoiced in the faith (Phil. 3:7–11) and invited them to participate with him in a life that reflected its power. “So if there is any encouragement in Christ,” he wrote, “any incentive of love, . . . any affection and sympathy, complete my joy . . .” (2:1–2). *If* there is any encouragement in Christ? The rhetorical *if* implies that his readers knew its reality full well.

Think of the examples in this chapter. The woman at the check-out counter offered support for Holli during an embarrassing moment. Dedication and persistence were the marks of Helen Keller’s teacher, Anne Sullivan. Martha was always available when Linda needed someone to understand. The cardiologist son built his father up in an almost literal fulfillment of “. . . encourage the fainthearted” (1 Thess. 5:14). Success is not measured by popular fanfare but rather by risk taking and first steps. In mutual support participants will learn to relish the delights of small achievements.

Paul dared his readers to pay more attention to the incentive of love. The helper who serves, the teacher who motivates, and the patron who enables are people acting as the Apostle urged.

Ministry

And his gifts were . . . [to equip] the saints, for the work of ministry . . .

Eph. 4:11-12

. . . as servants of God we commend ourselves . . . through great endurance, . . . by . . . forbearance, kindness . . . and the power of God . . .

2 Cor. 6:4-6

When Mzee, our African househelper, brought one of his sons, Robson, along one day to play with other kids in the banana trees around the house, the children's special word of greeting puzzled us. Instead of the customary *jambo* (Swahili for "hello"), they whispered *shikamoo*. Abel, our seminarian language tutor, explained that the word conveyed respect for an elder or one with power and came from the days of slavery in East Africa. It was Arabic in origin; it meant "I kneel before you" or "I prostrate myself." Further, the customary response to the salutation was *marahaba*, meaning "I acknowledge this to be so." The offensive linguistic heritage of slave traffic was shocking and repulsive; we wanted nothing to do with saying *marahaba* to any of the wide-eyed, upturned faces. Abel insisted, "But you *must* respond! If not, they will think you utterly despise them."

Expressions connected with slavery and with second-class status seem almost obscene to those living in a democracy. Even the word *servant* carries overtones of lesser worth. Yet in the Bible it is honored, for example, by references to the "servant of God" who invites disciples to follow in his work (Mark 10:45). In the New Testament, service to and with others is called *diakonia*, ministry.

From fellowship and encouragement come the impulse to take a role in decision making and to be accountable to others. For instance, persons newly retired often ask what they can *do* with their leisure hours after becoming restless with only hobbies and entertainment to fill their time. Ministry is always open for a felt need like this, and it also makes members of a congregation more accountable for each other. One man had struggled for months with his wife's symptoms of Alzheimer's disease. He felt defeated until church volunteers began to arrange respite care. "These friends are not only willing to *pray* for you," he remarked, "they're even willing to *stay* for you!"

Yet quarrels about how best to serve come all too easily in most congregations. One reason is that diakonia, like koinonia (fellowship), is a biblical word with such a wide scope. As is the case with "love" and "faith," ministry can be hard to pin down. What is the ministry to which *all* the people of God—with so many different talents—have been called? And what is the purpose of the special ministry (ordained) within this overall service? Does authority come from above (God) or below (delegated by the congregation)? Further, diakonia describes so many church activities. For example, think about the varieties of radio and TV ministries, the thousands among us called "ministers"—be they ordained, musicians, or educators—and add to this the variety of other public church-sponsored programs. The inevitable question is, "Given limited resources, which is most necessary?" Take the issue of ordination: ought those with severe disabling conditions hold places of public authority and responsibility in the church? Who decides? Disagreements, old as those between Jesus' disciples (Mark 10:35–45), still buzz around twentieth-century followers who risk leadership or advocate special priorities. Today's flood of books and articles about the subject keep the ferment bubbling. Here we will focus on only one issue: how ministry is concerned with persons living in handicapping situations and their full participation in the church. Let us look first at examples of a model of ministry in the New Testament.

The Servant of Galilee

Capernaum was the home base for Jesus when his fame burst

upon the hills of Galilee after a sequence of spectacular public actions. A tax office was there, and perhaps a small garrison of Romans under a centurion (Matt. 9:9; Luke 7:1-2). Simon and Andrew—the first converts—came from the village (Mark 1:21, 29). One Holy Land historian speculated that the people of Capernaum were so poor a Gentile had to build their synagogue (Luke 7:1-10).¹ “[H]e entered the synagogue,” according to Mark, “and taught” (1:21). This synagogue was a “friendly, democratic, bustling assembly where scholars and the devout, rich and poor, rubbed shoulders with beggars and those who were paralyzed, blind, and crippled. It was a place where a Jew could address his peers and receive a fair hearing.”² Suddenly, a man with one of the most serious limiting conditions of disability—a mental or emotional disorder—exploded upon the scene. In a manic state, he shouted hostility to Jesus (Mark 1:21-25). “Be silent, and come out of him,” Jesus roared back at the “unclean spirit.”³ The man’s disorder was switched off, just like that! Burning eyes, frenzied looks, grinding teeth, tearing of hair, and convulsions one minute; a smile and the flow of relaxing muscles the next. Amazed, bystanders declared a new teaching and power (1:27-28).

Something more had also taken place. First—although Mark does not go into detail—the status of the disturber had altered. Now “dis-possessed,” he appeared to be normal and was no longer a threat (5:15). From this time forth, a neighbor of this sort could come and go in a different manner.

A few days later in Capernaum, Jesus was responsible for another marvelous happening. Crowds blocked the entrance to the place where Jesus was speaking. Friends who had brought a paralyzed man couldn’t get him near Jesus, so they contrived a way to lower him on his pallet through the roof. When Jesus saw him he said, “My son, your sins are forgiven” (Mark 2:5). At first this declaration must have reminded everyone of the sin-punishment connection that was a prevalent belief at the time. Yet this was neither the point nor the end of the affair; instead it showed witnesses the grace of God in the Nazarene’s healing power. And those present responded just as those in the synagogue had: with amazement.

Think about why the paralyzed man and his friends had come to Capernaum. They came hoping for a physical cure, of course,

yet an unspoken longing for social transformation is also hinted. Note Jesus' command to the man: "... go home" (2:11). Home stood for life with others; it meant contributing to and taking part in a larger whole. The important thing to grasp is that the paralytic was not anything less than whole—created equally in the image of God—before the healing took place (Gen. 1:26-27). But the miraculous event set the man free to act in unforeseen service for the benefit of others back home.

Capernaum, where his friend Simon lived, was "home" to Jesus during this stage of the Galilean activity (Mark 2:1). The importance of having a home, "roots," is made clear in chapter 5 of Mark. When the demoniac man was healed, he begged for permission to follow Jesus and the others (vs. 18). But he was turned back. "Go home to your friends," Jesus commanded. The new disciple could minister there and begin in familiar settings to tell the story of the Lord's blessing and mercy (vs. 19). With both spiritual ("your sins are forgiven") and physical attentions, Jesus responded to pain: it was a ministry, caring and serving, to the "whole person."

On another occasion when Jesus responded to a call for help, he "spat and touched the tongue" of the man with hearing and speech impairments who had been brought to him (Mark 7:31-37). Another Gospel mentions a similar occurrence; this time saliva had been mixed with earth and the paste rubbed on the blind man's eyes, a strange procedure to us today (John 9:6-7). But at that time it may have underscored neighborliness and good will. When a young American driver/mechanic volunteer for the Roman Catholic diocese of northern Tanzania headed his medical supply truck northward to a mission hospital on the Masai plains, he stopped to pick up a hitchhiker. Jumping into the cab, the warrior leaned over to spit on the American! What was an insult to us, however, was a gesture of gratitude and friendship to the Masai. (Fortunately, the American was aware of the custom.) One commentator assigns such miracles of the Lord as beyond mere service; they belong to a category of sacramental or religious events in which the healer became the agency through which the Spirit of God's power, the creative force of the universe itself, chose to act.⁴ Whatever the meaning of the event might be, this man, when

cured, would also undergo a social transformation. He could join others in praise of the Servant's blessings (Mark 7:35–38).

Each of these episodes in Mark demonstrates the good news of God in action (1:14). Figure 7-1 summarizes the immediate effects of Jesus' ministry. He not only was sympathetic to human pain, but he exercised power in confronting it. Jesus had inaugurated his ministry: "... not to be served but to serve ..." (Mark 10:45). And, further, the individuals he dealt with in these texts represented three major classifications of human disability: skeletal anomaly, emotional disturbance, and sensory impairment. Note that the healings are thus inclusive in scope; even though the subject of these incidents is the mission of Jesus and not the human condition of disability, they illustrated the good news of release, recovery, and liberty (Luke 4:18–19):

Figure 7-1: Ministry and Physical Liberation

Text	Brokenness	Transformations
Mark 1:21–28	Emotional (Alienated)	<i>Release</i> "Dis-possessed" (community acceptance, reduction of stress in community)
Mark 2:1–12	Skeletal (Impaired)	<i>Recovery</i> Mobility restored (enabled for service)
Mark 7:31–37	Sensory (Handicapped)	<i>Liberty</i> Access to others restored (enabled toward fuller potential)

When Jesus healed disabilities, the immediate physical transformation was followed by wider and long-term community effects. From the gifts of Jesus' ministry on their behalf, those set free could share in promoting similar ministry with others; they now "belonged." The healer did not confine himself to appeals for a *change of attitude* on the part of his listeners (see Mark 2:21-22); he also *became accountable* to the physical dimension of their lives. Figure 7-2 illustrates some changes which result from this kind of ministry.

Figure 7-2: Ministry and Community Effects

Text	Social Transformation	Result
Mark 1:21-28	<i>Balance</i> Learning through conflict	Proclaiming (<i>kerygma</i>)
Mark 2:1-12	<i>Integration</i> "Home" (see 5:19)	Service (<i>diakonia</i>)
Mark 7:31-37	<i>Wholeness enhanced</i>	Praise in worship (<i>leitourgia</i>)

The dynamics of Jesus' ministry have continued to evolve up to the present time. So let us point out the broad dimensions of two aspects of change so far as people with impairments are concerned: the universal ministry of the church and the special ministry of the congregation.

The Gospels of Council and Congress

No otherwise qualified individual in the United States shall, solely by reason of [a] handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.⁵

The action of the U.S. Congress in 1973 was a breakthrough for American citizens with handicaps, a Magna Charta of equality. One sentence of legislation ended the glaring neglect of certain citizens in a swiftly changing technological society by recognizing their legitimate and often unanticipated needs. Suddenly, their

longings had become civil rights! In this action, the Congress proclaimed good news, a liberating "gospel."

Figure 7-2 includes three words used in the Greek New Testament that are all connected to "ministry" in English. The first term, *kerygma*, derives from the Greek verb for the function of a herald; it suggests the work of a broadcaster today. In Biblical theology, it stands for a supposed original core of the Christian message in New Testament writings, beginning with the "gospel of the kingdom" preaching of Jesus (Mark 1:14). Later, through death and resurrection, Jesus became Lord and Christ, a decisive act of God in human salvation (Acts 2:36). This describes the historic Gospel.⁶

Service (*diakonia*) is also a dimension of the good news and can take different forms. Richard P. McBrien defines ministry as service on several levels. The first, rooted in our common humanity, is on a general or universal level and offered (as with the Red Cross) to another person or group of people who happen to be in need of it. Another level engages the actions of publicly certified members of the helping professions (nursing, social work, legal aid). A third level is Christian general ministry, rooted in baptism and performed out of explicitly Christian motives; it ordinarily involves lay persons. Last is the special ministry by those designated by the church to help fulfill its mission, ordinarily clergy and lay professionals.⁷

The first, most general level of *diakonia* is illustrated by a publication of the Michigan Department of Labor, "Michigan Handicapper Rights: Information for Handicappers," which interprets the federal legislation (Section 504) of 1973:

- Q. *How does the federal government determine who is a handicapper?*
- A. If you have: (a) a physical or mental handicap which substantially limits one or more major life activities; (b) a record of such handicap; or (c) are regarded as having such a handicap, you are considered a handicapper under federal law.
- Q. *Who is affected by Section 504?*
- A. All recipients of federal funds, including:
 - any employer who receives federal funds
 - state government
 - cities, counties
 - school districts
 - hospitals, clinics
 - some day care centers

social service agencies
 public health hospitals and programs
 most drug/alcohol treatment programs
 mental health programs
 junior colleges, four-year colleges, and universities
 public television
 public transportation systems

Q. *How must these people comply?*

A. They must make reasonable accommodations to the handicapping characteristics of qualified individuals unless the accommodation would cause the employer undue hardship.

Q. *What does "reasonable accommodation" mean?*

A. Making necessary changes in the work place so you as a handicapper can perform your job. It may include: (a) setting up facilities in such a way that anyone can use them (ramps, restroom adaptations, wider aisles, etc.); and/or (b) making modifications in jobs, work schedules, equipment, or work area (changing work hours, raise or lower a desk to accommodate a worker, teach sign language in the work area, provide a reader for a blind person). All recipients of federal funds must assure equal opportunity to handicappers by providing program accessibility.

Q. *What is meant by "program accessibility?"*

A. Program accessibility is the key term in Section 504. Employers and service providers MUST make their programs accessible. All services and benefits provided or made available for the public or their employees MUST be accessible to you.

Q. *To what extent?*

A. Section 504 does not require that every building or part of a building be accessible, but the program as a whole must be accessible. (However, newly constructed facilities are to be barrier free.) Older inaccessible buildings may mean providing alternate services to you. For example: home visits; reassignment of classes to an accessible part of a building; moving a third floor office to a ground floor level; providing an interpreter for a deaf person, or taped material or braille material for a person with a sight impairment; etc.⁸

The Education of All Handicapped Children Act of 1975 (Public Law 94-142) and the Section 504 regulations are revolutionary breakthroughs for handicapped citizens of our country. It appears that the state in this instance responded to a modern injustice before formal church action took place.

But the church has also moved ahead. I cite excerpts from the report (Section II) entitled "What Unity Requires" adopted at the 1975 Assembly of the World Council of Churches:

THE HANDICAPPED AND THE WHOLENESS OF THE FAMILY OF GOD

... disability—a world-wide problem—is increasing. Accidents and illness leave adults and children disabled; many more are emotionally handicapped by the pressures of social change and urban living; genetic disorders and famine leave millions of children physically or mentally impaired. The Church cannot exemplify "the full humanity revealed in Christ," bear witness to the interdependence of humankind, or achieve unity in diversity if it continues to acquiesce in the social isolation of disabled persons and to deny them full participation in its life. The unity of the family of God is handicapped where these brothers and sisters are treated as objects of condescending charity. It is broken where they are left out. How can the love of Christ create in us the will to discern and to work forcefully against the causes which distort and cripple the lives of so many of our fellow human beings? How can the Church be open to the witness which Christ extends through them?⁹

Section 504 of the federal Rehabilitation Act has become a base for McBrien's multi-level ministry. The wheelchair logo for reserved parking is perhaps the most familiar sign of it. Section II from the 1975 World Council of Churches report complements Section 504 in its appeal to *Christian* ministry in all the levels of service.

Attitude and Action

I propose a "Christian civil rights" resolution as a follow-up to the decisive congressional action proclaimed in 1973:

No baptized individual in the family of God shall, solely by reason of a handicap, be shut out of a family gathering place; maneuvered to the sidelines of worship, learning, and fellowship therein; or looked down upon as someone less than whole.

The expressions *shut out* and *looked down upon* are especially important in this declaration. Being shut out normally involves physical barriers; the other words touch on the more elusive spiritual barrier of fearful, hostile attitudes we have discussed already. All across the country, physical obstacles are disappearing. Consider, for example,

a call to ministry published by the United Church Board for Homeland Ministries:

PRAY WITH US NOW

- P = Church has (P)arking spaces and curb cuts . . .
- R = Church has (R)amps or elevators to worship center, fellowship hall, and education building
- A = Church has (A)isle and pew arrangements for persons using wheelchairs
- Y = Church has accessible Sanctuar(Y) (the chancel and pulpit area) . . .
- W = Church has (W)ashrooms that are accessible to people in wheelchairs
- I = Church has (I)nterpreted services for deaf persons
- T = Church has (T)echnological devices (e.g., audio loops) for hearing-impaired persons
- H = Church has (H)ymnals . . . in braille and large print worship service and hymn sheets
- U = Church has (U)shers who are trained to deal with the needs of persons with disabilities . . .
- S = Use of (S)ymbol, image, color, and sound for persons mentally retarded
- N = (N)on-use of sexist and handicapist language
- O = (O)ut-reach in advocacy (sponsoring halfway houses, celebration of Access Sunday, etc.)
- W = (W)holistic approach in education, as for retarded persons, etc.¹⁰

"Follow me," Jesus said to Levi (Mark 2:14); actually, "Make a practice of following me," is closer to the original invitation. Jesus was not inviting Levi to make a once-only decision. Levi was challenged to make a long-range turnabout in disposition and outlook.

Welcome as the legislation by the Congress and the witness of the Council are, they ultimately are matters of law. The Christian gospel invites us to go beyond requirement and regulation to the personal realm of heart, spirit, and free choice where no law is imposed. We can make it a habit to renew our minds and "practice hospitality" (Rom. 12:2, 13). We can also complement general ministry with a more specific special ministry. Figure 7-3 illustrates:

Figure 7-3: Beyond Limits

DISABILITY	HANDICAP- PING ATTITUDE	GENERAL MINISTRY	CHRISTIAN MINISTRY
Skeletal anomaly	Victim	Medical therapy; surgical intervention Rehabilitation: • physical • vocational	Remove architectural barriers in churches Fellowship, small group; encouragement, one-on-one friendship
Sensory loss	"Less than"	Technological progress	Education (vs. handicapping attitudes) on all age levels
Mental-emotional disorder	Threat	Drug therapy Community mental health center (CMHC)	Advocates: local, state, and Congress Volunteer in CMHC support

The title "Beyond Limits" points to a crucial objective or ideal for ministry to persons with disabilities. Beyond actions *to* is the need for ministry *with* those in need of help; we are, after all, interdependent members of the body of Christ, called as equal participants in the church's mission (1 Cor. 12).

Awkward starts and difficulties in this new ministry are likely, and not every effort will turn "scars into stars." Sometimes we may feel impotent to accomplish anything beyond correcting the architectural barriers. But churches must continue to ask, After the ramps, what then? After careful preparation, one congregation invited a group of neighbors living with disabling conditions to its fellowship—and no one came! In this case, however, the major barrier—attitude—had already changed. Eventually the church's intention to minister to persons with disabilities would simply involve a search for better means and methods. Major airlines provide

an example: boarding an aircraft today, one hardly gets the impression that fellow passengers with disabilities are unwanted, but it took time and patience. And airlines are still working to make their services better. The church is moving to bring attitude and action together in its ministry; some impressive ways and means have already been found. (See Appendix 3.)

These special ministries need not become ends in themselves. Nor need they make popular notions of fulfillment an absolute. The faith that we are all equal and forgiven servants keeps us active in the Spirit's power. The final *beyond* is the promise of God's continued grace.

Promise

And I will save the lame
and gather the outcast,
and I will change their shame into praise.

Zeph. 3:19

During the seventeenth and eighteenth centuries a largely deaf population lived on Martha's Vineyard, an island off the coast of Massachusetts. Apparently this came about because the gene pool had become so isolated that the trait for deafness appeared more often than usual in successive generations. The island community adapted, however, and those with impairments became landowners, politicians, and other "regular" citizens. Stigma was replaced by the acceptance of a unique (but merely annoying) aspect of a given neighbor's being.¹

One finds no comparable situation in the Bible. Rather, various texts suggest how persons with disabilities, though tolerated, were in most instances feared or kept on the margins of a given community. But from a *divine perspective* this is not the case. God brushes aside the speech limits of Moses (Exod. 4:10–12) and refuses to heal Paul's "thorn . . . in the flesh" (2 Cor. 12:7–9). Despite disability, they would lead others. God's ultimate design was different from human norms for communication skills, management, and effectiveness. In sovereign decisions God might "wound," but God also *healed* (Deut. 32:39). Other texts illustrate this healing promise.

A Bible Mosaic

The counterparts of physical limitation also have a place in

biblical narrations. Atrophied bones, when corrected, give confidence for leaping; blemished skin, when cleansed, brings acceptance from others; and the blinded eye, when opened, leads to perception and understanding. Selected texts shown in Figure 8-1 suggest a deeper, transcendent reality.

Figure 8-1: Signs of Promise

Handicapping Condition	Symbol	Grace in Action
Frustration	The Leap: 2 Sam. 22:30, Ps. 18:29, Mal. 4:2, Acts 3:8	Power
Guilt, shame; outcast	The Cleansed Leper: Matt 10:8, 11:15	Mercy
Vulnerability, limited access	The Eye in Focus: 1 Sam. 16:7, Job 42:5	Awareness

Tea time was a twice-a-day ritual at Tanzania's Makumira Theological College. Conversations with colleagues and visitors at this time were usually high points in the day's teaching schedule. But one of these informal meets took a different turn when, in his familiar casual tone, the principal silenced everyone with: "I understand there's a student with leprosy in one of the classes."

I cringed inside. Crisis! What would happen? I expected at least a committee to deal with "the problem" to be formed as soon as possible.

"The students," he continued, "are going to talk it over and decide what to do." Weeks went by and the leprosy topic never surfaced again. Our community took it in stride. The stigma and fear I had felt was absent among the students. And I gained respect for the adage "time heals all wounds."

"For now we see in a mirror dimly," wrote Paul, "but then face to face" (1 Cor. 13:12). "Then" must mean the end of the age or of time itself when God will "make all things new" (Rev. 21:5). I adapted to

my polio disability long ago and in recent years have accommodated myself to the catastrophic disability of our son. For in faith I understand neither is to last forever, and that there is life beyond the injustices and cruelties of this world. While therapy and rehabilitation are still vital, even more important is trust in a future accountable to a just and loving God.

Persons with disabilities—along with all other forgiven sinners—will be set free to praise the Creator face to face! Until then we can strive (1) to put pain in its place; (2) to manifest the power of weakness; and (3) to anticipate the redemption of our bodies.

Pain in Its Place

Webster's defines *theodicy* (from the Greek *theos*, "God," plus *dike*, "right, justice") as a "vindication of the justice of God, especially in ordaining or permitting natural and moral evil; a term originated by Leibnitz, who endeavored to prove that the world as it is is the best possible world, and the existence of evil is a necessary condition of the existence of the greatest moral good." The second definition is "That department of philosophy which treats of the nature and government of God and the destiny of the soul."²

Theodicy covers much ground: the justice of God, the existence of evil, and the destiny of the soul. And I will not grapple with the arguments of Leibnitz. A survey of Bible resources draws me to the conclusion that human disability is inherent in the created order: apart from laments about its presence (Ps. 31:9–12) and the sin-punishment factor, God appears neither to apologize nor explain. But those who are suffering will seldom leave it at that. In hospital wards and nursing homes they cry:

"If I had been a better person, would God have allowed this to happen?"

"I'll admit I sort of had it coming . . . but did God have to get even this way?"

"Just give me a chance, Lord; I'll show you what I can do for you!"

Those who try to respond to questions or pledges like these often must attempt to muster defenses for God's ways. We search out comforting passages of Scripture or, at the other extreme, vent our own rage and despair. With sympathy and respect, I propose

taking another way. It involves a new understanding of what pain is and the role it plays in human disability.

In *People in Pain*, Wayne Oates separates human pain from the theodicy topics of evil and suffering. This is because evil is vague or general and pain is specific. Throbbing or piercing, it causes extremely unpleasant feelings in one or more parts of the body.³ Disowning pain goes back at least to the Stoics of ancient Greece. Being ill, they insisted, was only a part of life, like walking or traveling. The Stoics emphasized our supposed inner control of life events, the will. Our attitude to what happens to us will always be within our power, they reasoned. Thus submission and resignation in the face of pain and disease are the best response to suffering; that is to say, disability is neither good nor bad. It just is.⁴ For some of us living in handicapping conditions today such fatalism may become the basis for coping in a positive manner: one simply suspends the question, Why me? and asks instead, What next?

Nevertheless, Christians should be hostile to cynicism. Faith and trust in God surround the believer's awareness of the negative in life but can also support a different relationship with pain and suffering. The answer of many Christians who suffer, however, is still the "pain as punishment from God" fatalism. Guilt feelings follow: "a *good* Christian wouldn't complain as much as I do."⁵

Oates describes pain as both bane and blessing. Its torment is plain enough; yet hurt becomes a blessing when it destroys the illusion that one is somehow protected, different from all others, and not subject to limits. However, he continues, we are created not only subject to limits but also with intelligence. We can use this ability to distract ourselves from and sometimes thwart the pain on our doorstep.⁶

One option is to share pain with helping professionals. In partnership with physician and physiotherapist we can seek out healing strategies and tactics; by learning more about what is going on we can assume more responsibility for cooperating with them. Perhaps new ways to define "cure" and "healing" will emerge from these common efforts.

Some surmount the limits. Stephen Hawking, the Cambridge University astrophysicist, has suffered from "Lou Gehrig's disease" (a progressive deterioration of the central nervous system)

since his early twenties. Hawking can “speak” only by using the slight movement left in his hands to activate his wheelchair’s built-in computer and voice synthesizer. Yet he has taken many journeys to Moscow and the United States, and today his brilliant speculations about time and the universe have earned him worldwide acclaim.⁷

And finally, God’s Spirit may lead some who suffer pain along a path that might never have been taken otherwise. To be sure, each will ultimately live with his or her own inner anguish and bear his or her own load (Gal. 6:5). But in the inevitable privacy and loneliness of pain, one may perceive—perhaps for the first time ever—the presence of him who “has borne our griefs and carried our sorrows” (Isa. 53:4). Jesus Christ has joined our pain.

The Power of Weakness

Bill survived an accident to face life as a quadriplegic. A chance remark of a visitor during the months of rehabilitation became his antidote for despair. “It’s not what you’ve lost that’s important,” said the visitor, “it’s what you have left.” With his senses and mind intact, Bill decided on a track he never would have considered before the jeep rolled over—a college education, with a major in communication for a career in sportswriting.

Graduation day for Bill’s class was a special one for the modest-sized university because the governor of the state and his wife had come: their son was graduating. With chair and attendant, Bill moved up a ramp toward the lectern, and the university president reached for this graduate’s diploma. What happened next was unprecedented: led by the governor and the other graduates, the audience rose for an ovation that rolled on and on. Bill had done something with “what he had left.” Power at several levels was involved in those moments. Voters of that state had granted authority to its governor, who could, among other exercises, veto legislation and influence prison sentences—awesome and public abilities. The graduates themselves represented powers of youth, health, and potential. Bill (before the ovation at least) stood for the more hidden strengths of attitude and will—the power of weakness.

While the Rambolike exploits of Samson are recorded in the

book of Judges, the Bible usually downplays power in terms of physical capacity.⁸ Attention, instead, is given to the Creator and forces of the universe. "The earth is the LORD's and the fullness thereof, the world and those who dwell therein . . ." (Ps. 24:1), and further, "Thou hast made the moon to mark the seasons; the sun knows its time for setting" (Ps. 104:19). In this light, only God is *able* (Luke 3:8; Rom. 4:21, 16:25; 2 Cor. 9:8, Heb. 2:18, etc.). Human abilities, no matter how impressive, are secondary.

In current geopolitical terms, a modern army equipped with nuclear weapon systems represents an awesome force. Yet terrorists and guerrillas can thwart its power. And in reality it is a "force without power" in the sense that it must never set off its atomic arsenal of unimaginable might. In similar fashion, nature counters human constructs of strength. Dust particles borne in the wind as well as raindrops eroding a stone are mostly invisible; yet in time they have the capacity to change a landscape. This is lasting power.

Bengt Holmberg, a scholar of the New Testament who has examined the sociological dimensions of the primitive Christian community, outlines a social science definition of power that turns upon the ability of a given person or party (such as Saint Paul in his letters) to influence someone else to carry out his or her directives. "Word-power," whether political or sacred, implements the directive in varying phases; a pattern of behavior (degrees of obedience or support) follows.⁹ For instance, take the question certain members of the congregation at Corinth asked about whether a convert to Christ was still free to eat meat "offered to idols" (1 Cor. 8:1). Paul discussed two sides of the issue. Those proud of their new Christian perceptions of truth could feel "strong" in God's grace; no longer bound by taboos, they were free to eat such food or to refrain from doing so. The "weak," on the other hand, still associated these meals with the fellowship and attraction of pagan cults. To them, idolatry remained a threat (1 Cor. 8:2-13). Another scholar has argued that the "strong" reference is actually about economics; to affluent patrons of the church a ban on public social activity would have harmed business relationships.¹⁰

In any event, "weakness" here has nothing to do with physical ability; the word belongs instead to the actions of faith and the

author's "word-power" strategy. In fact, Paul was prepared to "subdue" and "pommel" his body, if necessary, in order to get his directives about attitudes of faith across (1 Cor. 9:19-27). An unimpressive physical appearance—which would be considered a weakness by many today—did not thwart Paul's work. His inadequacies at Corinth—"trembling" and "speech of no account"—had more to do with his feeling about not being quite up to the task of effective gospel witness (1 Cor. 2:3; 2 Cor. 10:10). Many persons today will sympathize. "The flesh is weak," stated Jesus (Matt. 26:41), and Peter mentioned "the weaker sex" (1 Peter 3:7). Moral weakness is also a factor and becomes a subject of startling revelation from Paul: God has chosen "what is weak in the world to shame the strong" (1 Cor. 1:27). Being a good Christian is not tied to either socioeconomic or physical capacities. The Lord's power, in fact, is "made perfect in weakness" (2 Cor. 12:9). According to Romans each of us is *disabled* by the fall (1:17-3:20). But in Christ, God sets us free and *enables* us, through his Spirit, to do his will. Any Christian living in handicapping conditions is, therefore, a "dis-enabled" person (Rom. 3:21-8:39). While every baptized saint is unique in God's sight, by being "in Christ" he or she is granted equal status. In this scheme of things, there is no place for competing groups, such as "the youth," "old folks," or "the handicapped." We are free to be present with and help one another. We can cultivate friendship with persons like Bill without trying to prod them into playing a "supercrip" role.

For those having experienced tragic disorders and diseases such as AIDS, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's, and all the rest, it is not easy. As strange and even offensive as it may sound, there is a place for this arena of "weakness" in the church, which began its existence with an acute sense of participating in the *sufferings* of Christ. This kind of solidarity with its Lord may be a "better sign of hope for the world than are the schemes of those who promise paradise."¹¹

God's miraculous power was concealed in the weakness and mortality of Jesus upon the cross. The resurrection has become power for eternity (Rom. 1:4).

"But we have this treasure in earthen vessels, to show that the

transcendent power belongs to God and not to us. We are afflicted in every way, but not crushed; perplexed, but not driven to despair; persecuted, but not forsaken; struck down, but not destroyed; always carrying in the body the death of Jesus, so that the life of Jesus may also be manifested in our bodies. For while we live we are always being given up to death for Jesus' sake, so that the life of Jesus may be manifested in our mortal flesh." (2 Cor. 4:7-11)

The Redemption of Our Bodies

In her book *Image as Insight* Margaret Miles has compared the role of historical religious images with those of today's media. She explains that in medieval depictions human bodies were portrayed through gestures, dress, and stance as expressing roles of emotion, love, and longing. In contrast, the human body in our culture—particularly in advertising—is one that is incited to eat and drink continuously. Yet at the same time it is expected to be thin, unblemished, young, and energetic.¹² The tension between these extremes stimulates, in turn, ads for diets and exercise machines. Such ambiguity is accepted without question by most of us. However, there are usually questions and doubts about the "wholeness" of citizens living in conditions of physical brokenness.

To reform such fear and mistrust in himself and others became the passion of Jean Vanier. Born into a prominent Canadian family, Vanier served in the Royal Navy before completing his doctoral studies in philosophy in Paris. In 1964, at the age of thirty-six, he purchased a house in rural France and invited two developmentally disabled adults to live with him there. Thus, began *l'Arche* (the ark)—a worldwide chain of homes for care and fellowship with persons having mental and physical handicaps.¹³

The Ark as a name for Vanier's organization is apt. Noah's ark was a place of diversity (the varied animals), of refuge (from the flood waters), and of hope (God's covenant). Noah and his family, together with animals, were delivered and set free; in biblical terms, God had redeemed them (Gen. 6:9-8:22). Such elements are plain in the first steps Vanier took in his public ministry of servanthood. Ministry was not simply *to* the housemates; in their weakness, these poor and suffering individuals began opening up the hidden ways of God to each other. Their way of life, on a level so different from his

own, began to transform Vanier's life from within. It became a ministry *from* the "weak." Soon the philosopher-theologian began to give more attention to his own poverty than to his capacities; now he could admit his own fears, prejudices, and need of God. These "weak" members of the l'Arche family were the ones, he decided, who are actually exalted and blessed by our Lord in the Beatitudes (Matt. 5:3-12). The unusual family friendship in a French village has nurtured a household discipline of contemplation and worship which in turn has spurred a ministry of worldwide consequence.¹⁴ But we need not seek the nearest l'Arche home to join in similar transformations. All that is necessary is a look in our own backyards. We can, for example, care more about the Stacys, Harrys, and Petes (people with mental illness), some of whom, though deinstitutionalized, live in a nightmare of neglect. Most have merely been "transinstitutionalized" back to their families, the streets, or operated-for-profit board-and-room facilities. In work among such people, I myself have come closer to the hidden life of the one "despised and rejected" (Isa. 53:3).

Let us return to the Bible as a resource for faith and to the word *redemption* in particular. The theological expression grows out of what happened during the liberation and Exodus of the Hebrew tribes from Egyptian oppression. Centuries later Israel survived another trial—the Exile in Babylon—and a prophet cried "... your Redeemer is the Holy One of Israel" (Isa. 41:14). Events leading up to that crisis were also interpreted in various prophetic writings.

One scholar distinguishes four types of prophet. The "shamanistic" prophet (Elijah, Elisha) combined characteristics of the holy man, sage, and miracle worker. The cult and temple prophets (Ezekiel, Jeremiah) spoke at holy places during religious rituals. Giving divine messages to the reigning monarch was the call of prophets like Nathan, who advised David (2 Sam. 7). Finally, as Assyrian expansion threatened the Israelite monarchy, "free prophets" (Amos, Micah, Isaiah in Jerusalem) stood on the periphery of society and attempted to provoke both social and religious change.¹⁵ Israel, they contended, must return to the ancient covenant traditions beginning with "... love your neighbor as yourself" (Lev. 19:18).

Included in prophetic speech are references to conditions of

disability: there are "weak hands" and "feeble knees," as well as the blind (Isa. 35:3-6; Heb. 12:12-13). Listen to Micah:

In that day, says the LORD,
I will assemble the lame
and gather those who have been driven away,
and those whom I have afflicted;
and the lame I will make the remnant;
and those who were cast off, a strong nation. . . .
(4:6-7)

The majority of prophetic references to disability are uttered by "free prophets" like Amos, Micah, and Isaiah. Lameness and affliction, to be sure, are metaphors for the sins of God's people. Yet why did these prophets choose the "handicap" figure of speech? Was it because, being on the margins of society and institutional power themselves, such prophets were surrounded with and deeply affected by all the "cripples" on these boundaries of respectability? And were they, like Mother Teresa, Jean Vanier, and others, transformed from within? Is this the source of the "disabled" word pictures? We cannot say. But my feeling is yes.

Until a leprosylike malady or accident strikes, most people feel invincible and take healthy, whole bodies for granted. Bad luck, people believe, is always targeted for someone else. There is a better way. From those living in severe handicapping conditions, the rest of humanity—the temporarily able-bodied—have an opportunity to claim a prophetic witness to the idolatry of health, fitness, and wellness which saturates our culture. But for church members this is the least of it. These neighbors of ours also bear witness to what the authentic image of the church is intended to be; they demonstrate the claim of 1 Corinthians 12 that while it is "one body," many members belong in it. All are included, not simply the "healthy"; all qualify in baptism (developmentally disabled as well as the "normal"), and all are recipients of the Spirit's gifts (no status requirements).

In the Old Testament, Joseph forgives his brothers and explains, "... you meant evil against me; but God meant it for good, to bring it about that many people should be kept alive, as they are today" (Gen. 50:20). God meant it for good! Saint Paul, disabled himself, knew about physical limits. He recognized how brokenness is

transformed in the bigger picture of God's ways. Hence, Romans 8:23 asserts a future salvation in the divine intention, one which includes the redemption of our frail, decaying bodies. One commentator emphasizes how more than flesh and blood is indicated here; the verse anticipates the cosmic rescue from this "body of death" (see Rom. 7:24).¹⁶ Karl Barth has stressed the importance of waiting for the full experience of adoption as God's children. Every farmer, mother, or suffering person, he wrote, knows what it means to wait. Yet:

We are satisfied to know no more than the sorrow of the creation and our own sorrow. We ask nothing better or higher than the Cross, where God is manifested as God. We must, in fact, be servants who wait for the coming of their Lord.¹⁷

Meanwhile—abled, disabled, and "dis-enabled"—we trust that "in everything God works for good" in our lives, and that nothing at all "can separate us from the love of God." It is enough for Paul, and he accepts his "thorn in the flesh" accordingly (Rom. 8:23, 28, 39; 2 Cor. 12:7–10).

Prophecy in the New Testament is found in the book of Revelation. Here John, the seer of Patmos, spans past and present in a vision of God's design for the end of time (1:4–9), when a new heaven and earth shall come forth (21:1). The redeemed of heaven worship around the risen Christ's throne, singing a new song (5:6–14). Yet nation, tribe, and tongue continue to distinguish this assembly (5:9, see also 14:6). But no maimed, lame, and blind (Luke 14:13) are found in it. Only when John speaks to his own time (to the congregation at Laodicea on the Asian mainland) is disability—blindness—even mentioned (Rev. 3:17). No other reference to persons with disabilities is evident anywhere else in the entire prophecy! If previous political, ethnic, and linguistic distinctions are still valid in the heavenly scenes, why are not also the signs of human disability that occur elsewhere throughout the Bible? Because in the prophet's vision of a new heaven and earth to come (21:1–4), God has banished the marks, the pain, and the tears. Human disability has disappeared forever.

Appendix 1

Americans have defined disability in a number of ways. The two most common approaches have been to define it either as the existence of a limiting health condition that interferes with a person's normal activities or as the existence of a condition that prevents or limits an individual's ability to work.

A recent study (March, 1986) for the International Center for the Disabled (ICD) incorporated both approaches, but also included other criteria. A person was defined as disabled if he or she:

- had a disability or health problem that prevented him or her from participating fully in work, school, or other activities
- said that he or she had a physical disability; a seeing, hearing, or speech impairment; an emotional or mental disability; or a learning disability
- considered himself or herself disabled, or said that other people would consider him or her disabled

Using these criteria, 12,500 households in the general population were randomly screened. The prevalence of disability was found to be fifteen percent among Americans aged sixteen and over. This would place the number of such persons in this age group at about twenty-seven million. (*The ICD Survey of Disabled Americans*. [Study 854009, N.Y., Louis Harris & Assoc., Inc. 1986] ii, iii.)

Notice that the word *handicap* was not used in the study summary above. While handicaps are related to disabilities, which are in turn related to impairments, each of these words has a different meaning.

An *impairment* involves psychological, physiological, or anatomical loss and abnormality of function. The condition may be permanent or transitory, involving, for example, an amputated limb, diabetes, a limited hearing capacity, or mental retardation.

A *disability* results from an impairment. It restricts or prevents the performance of an activity within the range considered normal for a given age level. Examples are in walking, reading, or communication which limit one's abilities.

A *handicap* can refer to the extra weight given to a superior horse in a race. Since this weight is a burden to be carried, *handicap* has also developed a meaning applied to individuals having a hindrance which makes life more difficult for them. Used as a noun, the word has unfortunately turned a description of a condition into a definition of a person, as when we say "the handicapped" or "the disabled." A handicap is simply the social disadvantage that results from a disability. For example, one who uses a wheelchair is handicapped when all entrances to a church building have stairs. A child born with impaired vision is handicapped in a society wherein the culture (buildings, attitudes, and schooling) are all geared to those with normal vision.

Appendix 2

The Life and Witness of the Handicapped in the Christian Community

(Memorandum of an ecumenical European consultation in Bad Saarow, GDR, April 3-7 1978, introduction.)

The Fifth Assembly of the World Council of Churches in Nairobi in 1975 accepted the Report of Section 2 on "What Unity Requires" which included the following passage:

THE HANDICAPPED AND THE WHOLENESS OF THE FAMILY OF GOD

The Church's unity includes both the "disabled" and the "able." A church which seeks to be truly united within itself and to move towards unity with others must be open to all; yet able-bodied church members, both by their attitudes and by their emphasis on activism, marginalize and often exclude those with mental or physical disabilities. The disabled are treated as the weak to be served, rather than as fully committed, integral members of the Body of Christ and the human family; the specific contribution which they have to give is ignored. This is the more serious because disability—a world-wide problem—is increasing. Accidents and illness leave adults and children disabled; many more are emotionally handicapped by the pressures of social change and urban living; genetic disorders and famine leave millions of children physically or mentally impaired. The Church cannot exemplify "the full humanity revealed in Christ," bear witness to the interdependence of humankind, or achieve unity in diversity if it continues to acquiesce in the social isolation of disabled persons and to deny them full participation in its life. The unity of the family of God is handicapped where these brothers and sisters are treated as objects of condescending charity. It is broken where they are left out. How can the love of Christ create in us the will to discern and to work forcefully against the causes which distort and cripple the lives of so many of our fellow human beings? How can the Church be open to the witness which Christ extends through them?

This declaration has already brought about a deepened engagement for and with disabled people in many churches, especially in the USA. It also provided the background of the consultation held in Bad Saarow from April 3rd to 7th, 1978, on the theme "The Life and Witness of the Handicapped in the Christian Community," sponsored by the Innere Mission und Hilfswerk of the Evangelical Churches in the German Democratic Republic, on the one hand, and by the World Council of Churches' Commission on Faith and Order, Commission on Inter-Church Aid, Refugee and World Service, and the Christian Medical Commission.

(Geiko Müller-Fahrenholz, *Partners in life: The Handicapped and the Church* [Geneva: World Council of Churches, Paper No. 89, 1979]. The Bad Saarow Report is found on pages 178-84.)

Appendix 3

General Assembly Council

Presbyterian Church (USA)

RESOLUTION

The 200th General Assembly (1988) of the Presbyterian Church (U.S.A.) affirms anew the ministry and mission of the church and all its people and parts with those suffering from or affected by severe mental illnesses. The General Assembly further

1. Recognizes and extends prayerful support to the diversity of persons whose lives are touched and affected by mental illness: to persons who experience mental illness and to their families; to professionals who are trained and called to the healing arts; to clergy whose ministry will inevitably include people affected by mental illness; to lay persons who in many diverse ways maintain a community of healing support.

2. Requests sessions and appropriate governing body committees to review their current response to the needs of those with severe mental illnesses and their families and consider new or strengthened approaches drawing on the suggestions put forth in the Report of the Consultation on the Church and Serious Mental Illness.

3. Encourages clergy and lay staff of congregations, governing bodies and church-related institutions to learn about mental illness so that programs, policies and pastoral counseling will be based on up-to-date medical and scientific information; and encourages seminaries to consider expanding opportunities for such learning in M.Div., D.Min. and continuing education programs.

4. Directs the appropriate ministry units or committees as determined by the General Assembly Council to:

- a. continue taking initiative in the formation of an ecumenical, interfaith task force, to focus on ministry with persons who are

chronically mentally ill and their families, in cooperation with any existing denominational or ecumenical efforts,

b. inform sessions and appropriate governing body committees as to the availability of educational and program resources to help Presbyterians and others deal knowledgeably and constructively with problems of mental illness; provide resources to families that encounter mental illness; and give guidance in planning programs of ministry, mission and advocacy in relation to mental illness;

c. develop patterns of relationship and support for the Presbyterian chaplains who work with the mentally ill and their families in either the hospital or community setting.

Notes

In citing works in the notes, short titles have generally been used. Works frequently cited have been identified by the following abbreviations:

ALC	The American Lutheran Church
ICD	The International Center for the Disabled
IYDP	International Year of Disabled Persons
NAMI	National Alliance for the Mentally Ill
NOD	National Organization on Disability
RSV	Revised Standard Version of the New Testament
TDNT	<i>Theological Dictionary of the New Testament</i> , ed. Gerhard Kittel (Grand Rapids, Mich.: William B. Eerdmans Publishing Co., 1964).

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Scripture Index

Old Testament

Genesis

1:26	10, 25
1:26-27	100
1:28	58
3:16-19	47
4:1-16	21
4:15	18, 27
6:9-8:22	116
19:11	35
32:23-33	29
38:7	47
50:20	118

Exodus

4:10	29
4:10-12	109
4:11-12	48
15:26	48

Leviticus

13,14	35
13:45-46	35, 36
19:10	77
19:18	17, 117
19:33-34	77
21:16-24	35

Numbers

12:9-16	36
12:14	22
20:1-12	29
21:6	22
25:9	22

Deuteronomy

5:9-10

6:8

7:15

14:29

28:28

32:39

1 Samuel

5:6

16:7

16:14

16:23

18:10

19:9

21:10-15

2 Samuel

7

9:3,13

12:15

22:30

2 Kings

5

5:20-27

7:3-10

15:1-7

2 Chronicles

21:11-18

21:12-15

26:19-21

22

27

47

77

55

109

40

110

54

54

54

54

54

117

29

47

110

37

37

37

37

47

35

36

Job

3:20-21

8:14

10:13-17

13:15

16:10-11

16:15-17

17:13-16

19:21

42:5

Psalms

18:29

22

24:1

31:9-12

31:11

32:3-4

35:15

55:14

103:13-14

104:19

106:46

Proverbs

25:11

Isaiah

11:6

35:3-6

41:14

49:1-6

50:4-11

52:3-53:12

53:2, 3

53:4

56

6

56

43

56

56

56

35

110

110

43

114

110

50

35

6

70

48

114

33

84

91

118

117

39

39

39

39, 117

35, 113

Ezekiel		22:1-14	15	Luke	
34:4,16	6	25:35	78	1:8-25	24
47:22-23	78	26:6	36	3:8	114
		26:41	115	4:16-30	37
Daniel		Mark		4:18-19	101
4:24-25	55	1:14	101, 103	5:12-13	38
Hosea		1:15	38	7:1-2	99
1:6-7	48	1:17	88	7:1-10	99
2:4	48	1:21	88, 99	7:20	37
9:7	55	1:21-25	99	7:22	24
Jonah		1:21-28	53, 101, 102	7:34	53
4:10-11	48	1:21, 29	99	9:54-55	89
Micah		1:27-28	99	10:29	14
4:6-7	118	1:40-42	45	10:33	45
Zephaniah		2:1	100	11:14	24
3:19	109	2:1-12	101, 102	11:14-23	57
Malachi		2:3	6, 9	11:20	53
4:2	110	2:5	99	13:2-3	43
New Testament		2:14	106	13:11	9
Matthew		2:16	53	13:11-12	6
4:24	53	3:1	13	13:30	76
5:3-12	117	3:1-6	30	14:12-24	15
6:21	38	3:5	38	14:13	2, 70, 119
7:12	17	3:11	54	15:20	45
9:9	99	3:14-15	88	16:19-25	40
9:10	53	3:19-21	54	17:11-19	37
9:33	24	3:19-27	57	18:9-14	30
10:5-8	89	4:1	88	John	
10:8	38, 110	5:1-20	54	4:7-30	15
11:15	24, 110	5:15	99	4:35	4
12:10	6	7:31-37	100, 101, 102	5:14	21
12:22	22	7:32-37	24	7:20	54
12:22-37	57	7:35	53	9:2	22
12:28	53, 57	7:35-38	101	9:3	23
16:16-19	75	9:25	24	9:6-7	100
18:1-6	89	10:35-45	98	9:13-34	83
20:29-34	45	10:45	97, 101	10:20	54, 55
		10:46-52	89	12:18	89
		11:17	88	13:23	75
		12:37	15	13:34	77
		14:3	36	15:12	77
		16:17-18	22	20:2	75

The Acts		11:27-30	22	1 Thessalonians	
1:21-22	89	12	80, 87,	2:11	85
2:36	103		107, 118	5:11	85, 88
2:42	77, 78	12:4-11	93	5:12	93
3:1-10	90	12:22	45	5:14	85, 87, 96
3:8	110	12:28	87, 88	5:17	15
12:1-17	55	12:29-30	45		
13:4-12	5, 22	13	45, 87	1 Timothy	
16:14-15	14	13:12	110	3:8-13	87
17:18, 32	56	14	56		
18:25-26	90	16:15-18	93	Philemon	
18:27	85, 87, 90	16:19	78	20, 21	93
26:24	55	2 Corinthians		Hebrews	
Romans		4:7-11	115-116	2:18	114
1:1	28	5:17	80	10:23-25	84
1:4	115	6:4-6	97	10:24	92
1:9	15	9:8	114	10:25	85
1:12	85, 93	10:10	115	11:34	70
1:17-3:20	115	12:7-9	43-44	11:37	60
3:21-8:39	115	12:7-10	29, 119	12:12-13	118
4:21	114	12:9	48, 115		
5:21	80	12:9-10	44	1 Peter	
6:4	80	12:10	27	2:4	45
7:24	119	Galatians		2:21-24	39
8:23, 28, 39	119	2:9	77	3:7	115
12:2, 13	106	2:20	80	1 John	
12:8	93	4:12-14	16, 44	1:3	77
12:13	31, 78	6:2	17	1:3-7	78
16:1	87	6:5	113	1:7	70
16:1-2	93	6:17	27	Revelation	
16:10	93			1:4-9	119
16:25	114	Ephesians		3:17	119
1 Corinthians		4:12	45, 97	5:6-14	119
1:9	78	Philippians		5:9	119
1:11	93	2:1-2	85, 96	13:16	28
1:11-12	11	2:1-4	87	14:9-11	28
1:16	93	3:7-11	96	21:1	119
1:27	45, 115	4:22	93	21:1-4	119
2:3	115	Colossians		21:5	110
8:1	114				
8:2-13	114	4:15	78		
9:19-27	115				

Subject Index

- Abilities, 13, 29, 76, 90, 114
Able/able-bodied, 2, 14–15, 19, 27, 46, 78, 79, 114, 118
Acceptance, 15–16, 30, 101, 110
Access, 1, 7, 8, 101, 104, 106, 110
Affliction, 34, 43, 53, 60, 116, 118
Aging, 86
AIDS, 33, 34, 38, 41, 49, 52, 57, 61, 71, 115
Alcoholics Anonymous, 50, 91
Alzheimer's disease, 98, 115
Ambiguity, 116
American Psychiatric Association, 51, 65
Amputation, 16, 53, 74
Amyotrophic lateral sclerosis ("Lou Gehrig's disease"), 112, 115
Anomaly, skeletal, 101, 107
Appearances, 39
Architecture, 11, 107
Arthritis, 41, 52
Asylum, 54, 60, 64
Attitude, 2, 3, 13, 30–31, 38, 49, 58, 70, 79, 81, 91, 102, 105, 107, 115
Avoidance, 15, 17, 50–67

Banishment, 36, 39–40, 45, 119
Barriers, 2, 11–12, 38, 44, 49, 70, 79, 80–81, 86, 105, 107
Bigotry, 24
Birthmark, 16, 21
Blame, 23, 35
Blemishes, 30, 110, 116
Blessing/blessed, 21, 27, 71, 76, 82, 95, 100, 101, 112, 117

Blindness, 2, 15, 22–26, 33, 35, 38, 48, 55, 70, 82–83, 89–90, 99, 104, 110, 119
Body, 24, 28, 35, 38, 41, 111, 115, 118
 of Christ, 45, 46, 80, 107, 122
 image, 62, 64, 74, 79, 116, 119
Braille, 106
Brokenness, 17, 42, 49, 64, 69–71, 87, 116, 118
Burden, 41, 82

Cancer, 52, 57, 74
Caring, 14, 67, 71, 87, 100, 116
Cerebral palsy, 16, 94
Church, 4, 7, 10–11, 14–15, 17, 31–32, 39–41, 58, 64, 67, 71–75, 79, 82, 86, 98, 106–107, 124
 shelters, 60, 62
 universal, 1, 4, 14, 58, 65, 73, 76–80, 83, 87, 93, 98, 102–108, 115
Civil rights, 7, 35, 63, 103, 105
Clergy, 40, 46, 58, 64, 124
Community, 11, 28, 34–40, 58–59, 62, 65, 71–80, 101–102, 109, 122, 124
 mental health centers, 59, 64, 65
Compassion, 33, 64, 71
Conflict, 102
Congregation, 1, 14, 22, 28–31, 64, 73, 78, 85, 87, 93, 98, 102, 114, 119
Contagion, 39, 89
Crazy person, 50
Created order, 111, 114
Creation, 3, 58, 119

Creator, 56, 100, 111, 114
 Cripple/crippled, 1, 7, 17, 18, 29,
 42, 49, 70, 79, 99, 105, 118, 122
 Crutches, 1, 6, 18
 Cure/cured, 3, 57, 99, 101
 Cynicism, 12

 Deafness, 23, 24, 26, 38, 48, 53,
 104, 106, 109
 Deformation, 16, 26, 34, 39, 42-43
 Dehumanization, 47
 "Deinstitutionalization", 7, 59, 63,
 117
 Demons, 22, 24, 53, 54, 57, 58, 89,
 100
 Despair, 2, 4, 12, 43, 49, 70, 92,
 111, 113
 Diabetes, 57
 Dignity, 4, 9, 81
 Disabilities, 2, 10-13, 16, 25, 30,
 43-45, 47, 50, 89, 112, 118-121
 chronic, 4, 17, 28, 60, 124
 developmental, 1, 2, 3, 7, 8, 16,
 20, 21, 67, 92, 95
 Disabled, 14-17, 19, 26, 32, 40, 48,
 57, 65, 76, 78-79, 82, 87, 107,
 109, 111
 "rights", 94
 Disadvantaged, 66
 Discrimination, 24, 70, 102
 Disease, 8, 34, 36, 38, 40, 48, 75,
 112
 Down's syndrome, 91

 Education, 8, 66, 88, 94, 106, 113,
 124
 Empathy, 84, 91
 Encouragement, 2, 84-85, 92-93,
 96, 98
 Epilepsy, 44, 46, 53, 92
 Euthanasia, 46
 Evil, 22, 47, 54, 58, 70, 111, 118
 Exclusion, 37
 Exclusiveness, 38
 Exorcism, 57

Eyes, 90, 99, 110

Faith, 32, 44, 67, 89, 96, 108, 112,
 114

Faithfulness, 48, 56

Family, 41, 54, 75, 78, 81, 92
 care-givers, 63, 64, 67, 124
 of God, 10, 31, 78, 105, 122

Fatalism, 2, 112

Fear, 51, 58, 65-66, 78, 116

Fellowship, 15, 24, 70-80, 82, 93,
 98, 105, 107, 114, 116

Friend/friendship, 32, 54, 75, 92,
 95, 100, 107, 117

Genetic, 8, 105, 109

Good news, 70, 101, 103

Gospel, 38, 102-103, 106

Gospels, 57, 70

Grace, 82-83, 99, 108, 110

Guilt, 12, 36, 41, 47, 50, 71, 112

Hand, 13

Handicapist language, 106

Handicapped/handicapping con-
 ditions, 2, 3, 6, 10, 13, 15, 19-23,
 38, 44, 46, 49, 87, 98, 105, 110,
 118, 122

Handicapper, 103

Handicaps, 4, 12, 26, 33, 39, 79,
 92, 102, 116, 121
 emotional, 99, 101, 105, 107, 122

Healing, 13, 53, 56, 66, 70, 83, 86,
 99-100, 102, 109, 112

Health, 3, 34, 59-61, 70, 118, 120
 idolatry of, 18, 118

Hearing aids, 6

Heart disease, 52

Help, 71, 85-88, 95, 107

Helping professionals, 103, 112

Holiness, 36, 83, 92

Homeless, 15, 51, 57

Hope, 13, 67, 84, 115-116

Hospital, 37, 50, 52, 59-63, 70, 84,
 111, 124

- Hospitality, 15, 31, 78, 81, 106
- Illness, 17, 22, 30, 35, 40, 42, 47, 53, 59
- Image, God's, 25, 43, 81, 100, 116
- Impairment, 2-3, 7, 9-10, 16-17, 25, 29, 32, 82, 89-90, 94, 105, 109, 120-121
- Impediment, 29, 30, 48
- Imperfection, 30
- Inclusion, 14
- Infirmity, 6-7
- Injuries, 13, 19
- Injustice, 3, 21, 67, 104, 111
- International Center for the Disabled, 79-80, 120, 137
- Invalid, 9, 25
- Isolation, 42
- Joy, 62
- Judgment, 47, 79
- Justice, 7, 58, 111
- Kindness, 28, 97
- Kingdom of God, 38, 57, 58, 67, 103
- Label, 25, 27, 56, 58
- Lameness, 9, 15, 21, 29-30, 38, 43, 70, 90, 109, 118, 119
- l'Arche*, 116-117
- Learning, 66, 88, 90, 102, 105
- Leper, 33, 36, 38, 45, 49, 59, 89, 110
- Leprosy, 33-40, 43, 45, 50, 70, 118
- Less than whole, 43, 76, 105, 107
- Liberation, 101, 103, 117
- Limb, 74, 83
- Limitation, 2, 81, 109
- Limits, 17, 107, 109, 112, 118
- Limp, 29, 42
- Lobotomy, 59
- Loss, 2, 39
- Love, 17, 30, 33, 45, 65, 67, 70, 75, 77, 80, 83, 92, 96, 105, 116
- Madness, 52-58
- Maimed, 2, 15, 70, 119
- Mainstreaming, 7
- Malformations, 8, 26
- Manic-depressive, 51-52, 54, 99
- Marked ones, 15-17, 21, 53, 70
- Marks, 16, 24, 27-28, 41, 43, 52, 54, 119
- Medicine, 34, 38
- Mental disorder/illness, 50-52, 56-58, 61, 64-67, 83, 84, 124
- Mental health center, 59-60, 63, 91, 104, 107
- Mental health professionals, 57, 62-66
- Ministry, 46, 97-103, 105, 106, 124
- Miracle, 3, 48, 100
- Mission, 48, 60, 85, 87, 124
- Mobility, 101
- Multiple sclerosis, 1
- National Alliance for the Mentally Ill, 52, 59, 134
- National Institute for Mental Health, 52, 53
- National Organization on Disability, 8, 10, 94, 137
- Neighbors, 14, 38, 50, 64-65, 72, 76, 87-88, 99, 107, 117
- Neurofibromatosis, 75
- Normal/"normal", 20, 48, 50, 58, 59, 63, 118, 121
- Opportunity, 90
- Ordination, 98
- Outcast, 15, 109, 110
- Outsider, 78
- Pain, 12, 16, 17, 30, 75, 101, 111-113, 119
- Paralysis, 3, 16, 17, 53, 57, 99-100
- Participation, 14, 76
- Pastoral care, 4
- Patience, 108
- Patron, 85, 92-96, 114

Patronization, 9, 48
 Perfection, bodily, 30
 Pity, 16, 17, 40–48, 71
 Polio (poliomyelitis), 1, 3, 18, 111
 Possession, 53–54, 59, 99, 101
 Potential, 101
 Poverty, 61, 76, 83, 116–117
 Power, 31, 53, 56–57, 90, 93, 97,
 99, 101, 111, 113–116
 Powerlessness, 76, 91
 Praise, 77, 90, 101, 109
 Prayer, 30, 124
 Prejudice, 2, 23–27, 66, 80
 Punishment, 19, 23, 35, 43, 48, 55,
 57, 112

Quadriplegic, 1, 9, 113
 Quality of life, 26
 Quarantine, 36, 37
 Quasimodo complex, 43

Ramps, 11, 18, 107
 Redemption, 22, 111, 116, 117, 119
 Rehabilitation, 2, 9, 13, 18, 107,
 111, 113
 Rejection, 2, 39
 Religion, 31, 53, 57, 61, 73
 Religious event, 100
 Retarded, mentally, 23, 67, 106
 Risk, 94

Scars, 16, 26, 28, 43, 70, 95, 107
 Schizophrenia, 13, 51–52, 55, 57,
 61–62, 65
 Self-pity, 14, 40, 42–43, 48–49
 Sensory impairment, 101, 107
 Shame, 28, 45, 71, 74, 109
 Shunning, 16
 Sickness, 34–36
 Sign language, 104
 Silence, 15, 84, 99
 Sin, 22, 28, 47, 82, 92, 99
 –disability, 22, 83
 –punishment, 22–24, 43, 47–48,
 55, 99

Society, 3, 64, 72, 74, 82, 121
 Spina bifida, 1
 Spirit, 53–54, 57, 71, 100, 106, 113
 possession, 53–56, 59
 unclean, 53–54, 99
 Stereotyping, 16, 58, 62, 66
 Stigma, 3, 16, 21, 27, 30–31, 33,
 38, 57, 58, 65–66, 74, 109, 126
 Stoics, 112
 Strangers, 77
 Strength, 29, 45, 57, 79, 81, 90–92,
 114
 Stroke, 41
 Suffering, 17, 29, 35, 39, 43–44,
 52, 56, 64, 70, 82, 111, 119
 Surgery, 75, 107
 Sympathy, 39, 45, 59, 96, 111
 Symptoms, 36, 41, 54–57, 66–67
 Synagogue, 30, 53, 88, 99

Temple, 10, 21, 67, 79, 88, 90
 Terrorism, 57
 Theodicy, 111–112
 Theology, 2, 35, 47, 92
 Therapy, 13, 54, 57, 59, 62, 64,
 107, 111
 Third World, 4
 Thorn, 44
 in the flesh, 4, 29, 43, 109, 119
 Transformation, 28, 70, 100–102,
 117–119
 Treatment, 18, 21, 34, 52, 58–66,
 74

Ugly, 17, 43, 75
 Unacceptability, 66–67
 Uncleaness, 36, 38
 United Church Board for Home-
 land Ministries, 106
 U.S. Congress, 102–103, 105–106
 Uselessness, 2, 29, 79, 95
 “Vegetable”, 16
 Victims, 9, 33, 37–40, 47, 62, 107
 Vision, 65, 78, 90, 119, 121

- Visual aid, 14
- Voice synthesizer, 113
- Volunteer efforts, 65, 87, 98
- Vulnerability, 3, 29, 110

- Weakness, 1, 27-30, 44-46, 70, 79,
95, 111, 113-118
- Wheelchair, 3, 6, 11-13, 18-20, 89,
94, 105-106, 113
- White canes, 6
- Witness, 81, 99, 106, 122
- World Council of Churches (WCC),
105, 122-123
- World Health Organization, 8
- Worship, 77, 95, 105-106, 119
- Wounds, 95, 109

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—Rodger W. Decker, Director of Health and Rehabilitation Services
St. Andrews Presbyterian College

"A solid piece of writing. A thorough and careful use of Scriptures relative to the handicapped from a member of the handicapped community. I recommend this to Church study groups, individuals, anyone concerned about a realistic and theologically consistent exploration of disability in the Bible and Church."

—Robert M. Urie

Director, Career Development Center of the Southeast

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